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La Grippe in Chronic Form.*

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Mr. President and Gentlemen of the Association:

When I was honored by our worthy president with an invitation to become one of the regular reporters at this meeting of our association—thoroughly conscious of my unworthiness and inability (and I might add presumption) to even attempt to offer anything for the enlightenment of this learned body, it was with considerable reluctance and trepidation that I accepted. After I had made bold to accept the kind invitation, thereby becoming the recipient of an honor possibly unworthily bestowed, I found myself completely at sea when I began the selection of a subject suitable for this occasion. Our good president came to my rescue and suggested that I prepare a paper on the subject: La Grippe in Chronic Form. This I timidly agreed to do.

At the outset, I beg to crave the indulgence of this learned body of physicians and surgeons, gathered as you are from almost every precinct of our fair state, for presuming to take up your time with the consideration of so trite and common place a subject as la grippe. However, realizing that from the earliest history of the world we have innumberable instances of untold benefits accruing to mankind as a re-

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sult of the deep study and careful consideration of the little and common place things around us, I shall feel that you will pardon my seeming rashness, if from the discussion of this subject we may even in a very small measure better equip ourselves in our fight for the relief of the many sufferers of this formidable disease.

What is there new that can be said of this protean malady, which has been known since the fifteenth century? The history of the disease is that it first made its appearance in the East and in a sort of Horace Greely manner it has rapidly traveled in a westward direction. It has been called by some writers Russian fever, owing to the fact that a great many epidemics of the disease originated in that country.

La Grippe is only one of the many names that has been given to the disease, La Follotte, La Coquette, epidemic contagious catarrh, epidemic catarrhal fever, and influenza being a few of the many synonyms. Time will not permit of an exhaustive study of the history of the disease, hence I shall only take up your time with a brief discussion of its etiology, together with the symptoms and treatment of some of the most common clinical types.

Chronic la grippe may be, to a certain extent, a vague term. Almost all writers upon the subject tell us that la grippe is an acute contagious or infectious disease, and that the duration is brief, though subject to variation. The duration of an attack is variously given as from two to ten days. None of the writers at my limited command have anything to say about the dividing line between acute and chronic la grippe, and aside from sequellae and complications, which, by the way, are treated quite extensively and exhaustively by all—we have nothing in regard to the chronicity of the disease While this is a fact, I feel that I can safely make the assertion that there is hardly a physician within this hall actively engaged in general practice, who has not encountered cases of la grippe that have seemed to be chronic from their incipiency. After an attack has run on steadily from three to four weeks or longer, and has resisted all forms of rational treatment, we think that we are safe in saying that the acute stage is passed, and we have to deal with the disease in chronic form.

La grippe, being of an infectious nature, many investigators have laboriously endeavored to derive the specific germ that is supposed to

propagate the disease. Although the affection is not characterized by any special anatomic lesion, this has not deterred the indefatigable workers in their search for the "materies morbi."

In the year 1892, Pfeiffer discovered a bacillus that is supposed to be the essential cause of la grippe. It was obtained from expectorated matter and from the nasal secretions. In the same year, the bacillus was found in the blood by Canon. It is described as small and non-motile, and is about the same breadth as the baccilus of mouth septicaemia and about one-half as large. Stained with Ziehl's carbol-fuchsin, it is seen as a small dumbbell. This micro-organism, or the toxin developed by it, is now generally believed to be the cause of la grippe. Anders, however, says: "While the bacillus of Pfeiffer is generally supposed to be the sole pathogenic agent, this has not yet been proved ....The organism probably causes an intoxication and not an infection." Other writers are of the opinion that the disease is due to some miasmatic material or atmospheric poison. When we consider that in our climate the disease is most prevalent at certain seasons of the year,—preferably in the winter or spring months,—there may be some grounds for this opinion. I myself feel fully convinced that the disease is certainly influenced by climatic and atmospheric changes and conditions. It may be that the development and evolution of the supposed micro-organism, or the production of its ptomaines or toxins is interfered with by certain atmospheric conditions, or it may be that the bacillus requires a certain temperature in which to thrive. I base this opinion and belief upon the fact that a residence of ten years in a tropical climate on the eastern coast of Nicaragua, about ten or eleven degrees north of the equator, in an equable climate where the yearly variation of temperature rarely exceeds twenty degrees. With a rather full practice I failed to encounter a single case, although during the entire period there were on the average tri-weekly communications with this city and New Orleans during the winter months, where the disease was prevalent in nearly every year. Hence my contention that while the disease may be due to a micro-organism or its toxin it requires certain atmospheric conditions for their development.

There is a disposition on the part of the laity in recent years to call almost any severe coryza or cold in the head a case of la grippe. We are all familiar with the patient who comes to us describing his "grippe

cold," as he terms it. A laxative, a few doses of quinine and a simple cough syrup meet all the indications of his ailment, and in a few days he is restored to his wonted health. How different with a pitiable sufferer from genuine la grippe! Some writer has very truly said that the human organism that has suffered a severe attack, attended, possibly with some of the varied complications, never regains its original and normal vitality. The nervous system, the gastro-intestinal tract, the organs of respiration, the liver, the kidneys or some other vital organ may bear the brunt of the disease and never regain its normal tone, and if there is any latent dyscrasia or predisposition to any disease development is almost positively assured.

Symptomatology.—As we are dealing with the disease in its chronic or advanced form, it is unnecessary to dwell upon the preliminary symptoms of the acute attack—such as the sudden onset, the manner of invasion, the chill or chilly sensations, the fever, the catarrhal symptoms of the various tracts, etc. However, it will be well to bear in mind the *one* prominent and pronounced symptom that is attendant upon almost every clinical form of the acute disease, and which becomes even more pronounced as the chronic stage is reached I refer to the profound prostration and extreme depression of the muscular and nervous systems. With possibly a very few exceptions, there is no disease in which there is such extreme weakness.

Symptoms that are referable to the nervous system are the most marked of any in the chronic cases of la grippe that have come under my observation. Pain is a symptom that is rarely absent. Who is not painfully familiar with the various forms of neuralgia so often attendant upon old cases of la grippe? Who has not had to deal with an obstinate supra-orbital or tri-facial neuralgia in a patient whom he had once thought was on the verge of convalescence from la grippe? Who has not been called quite suddenly and hurriedly to relieve angina pectoris, pleurodynia or intercostal neuralgia in a la grippe patient, whom he had thought was doing moderately well? Pain referred to the accessory sinuses and bony cavities is quite common. The internal ear, the antrum of Highmore and the mastoid region are favorite seats of pain. When the la grippe infection becomes located in either of these regions it is pitiable to note the sufferings of the patient.

In another form of chronic la grippe which may be classed as the respiratory type, the most prominent symptoms or rather condition, is an obstinate bronchitis. How often are we confronted with cases of la grippe, all symptoms of which seem to have been conquered except an obstinate bronchial cough, and which, do what we may, we are often unable to relieve! It is distressing to hear the cough, cough, cough, and sometimes a source of chagrin and reproach to ourselves at our inability to afford relief. With these cases of bronchitis attendant upon long standing la grippe, it is very common to find a subnormal temperature. With this existing condition the field is ripe for the development of pneumonia, and it is needless to say that it is with this class of cases that we oftenest have to deal with this complication. It is also from this type of chronic la grippe that pulmonary tuberculosis receives a great number of recruits.

Gastro-intestinal symptoms associated with chronic la grippe, are next in importance to those of the respiratory tract. Concomitant with the almost ever present chronic bronchitis, there are often grave gastro-intestinal and hepatic disturbances. There may be nausea and frequent vomiting, always accompanied with considerable abdominal pain. These gastro-intestinal symptoms are most marked in the chronic la grippe of children. In fact, the intestinal tract seems to be a favorite seat for the infective agent. So often we are called upon to treat an obstinate gastro-enteritis or an entero-colitis in a little sufferer, and the history goes to show that the bowel trouble dates from an attack of la grippe.

Another not uncommon array of symptoms met with in certain cases of chronic la grippe is what may be classed as rheumatic in character. We may be called upon to treat a seemingly orthodox rheumatism and find upon close examination that the supposed rheumatic attack is intimately associated with a severe attack of the disease under consideration. This is not to be confused with the intense muscular pain and soreness which almost invariably accompanies the acute attack. There is every symptom of rheumatism, pure and simple. Quite a few cases with this array of symptoms have come under my observation.

Time forbids other than a mere mention of symptoms referable to, grippe. Cardiac cases are common, and heart failure is of frequent

and the burdens borne by the heart and kidneys in these cases of la occurrence. Renal congestion is often present, and nephritis associated with chronic la grippe is not to be questioned.

The temperature in chronic la grippe, under my observation, is uniform, quite in contrast to the temperature of the acute disease. In the various forms there is seldom much rise in temperature and in some of the types it is subnormal most of the time. This is especially true of those cases of the respiratory and nervous types.

The pulse in all cases indicates extreme weakness and always gives marked evidence of the poisonous ptomaine or toxin of the disease. It is generally small and running. It may be irregular and it often intermits. Sometimes, though rarely, it is abnormally slow.

Treatment.—The treatment of chronic la grippe may be discussed under two heads, viz., prophylactic or preventive and medicinal. By prophylactic we mean the proper treatment of the disease whereby its transmission to healthy persons is prevented. This is best accomplished, as in every other infectious disease, by isolation as far as practicable. Under this head it is simply necessary to mention the propriety of the proper disinfection or destruction of all the catarrhal discharges of the patient, more especially those from the respiratory tract, as it is in those that the supposed micro-organism is most often found. The buccal and pharyngeal cavities should also receive proper attention with regard to prophylaxis. Some antiseptic wash or spray should be used constantly in the mouth and naso-pharynx. For this purpose, I know of nothing better than a spray of peroxide of hydrogen in the proportion of one to four or six of water. Stronger antiseptics are recommended by some writers.

With regard to the medicinal treatment of chronic la grippe, we are forced to admit that there is no specific remedy for the disease. Although a supposed specific cause has been discovered, no specific remedial agent has been forthcoming. Hence the treatment of chronic la grippe in its varied protean forms must be symptomatic. We must be guided in our selection of remedies by the functional fault found in each individual case. We should endeavor to recognize this functional fault, and our application of the proper remedies for the correction of this fault, will constitute the only rational treatment for the disease.

First and foremost, patients suffering with chronic la grippe, no matter in what form, should be especially cautioned with regard to bodily or mental exertion, and if possible should remain in bed. The extreme weakness and profound depression that is so marked in all of these patients make this almost compulsory. As the la grippe infection makes a profound impression upon the heart, severe exertion is absoultely contra-indicated, and absolute rest as far as practicable should be forcibly enjoined.

Therapeutics of recent years has not, in my opinion, enriched to any great extent our armamentarium of remedies for the relief of the distressing symptoms of chronic la grippe. From what remedies, by name, do we get the most genuine and lasting benefit in our medical treatment of this disease? I do not mean to speak disparagingly of recent remedies when I answer, certainly not from those long unpronouncable ones with a name of six or seven hyphenated syllables, nor from those with a copyrighted Austrio-German cognomen. I trust I shall not be considered unprogressive, when I confess that I am "old fogy" and "backwoodsy" enough to believe that we can best benefit and relieve the sufferers from this disease by the proper administration of such old fashioned remedies as calomel, quinine, Dover's powder, the salicylates, the bromides, digitalis, strychnine and other kindred remedies.

In all forms of the disease the treatment should be of a supporting character. It is superfluous to speak of the contra-indication of remedies of a depressing nature. The coal tar preparations have small place, if any, in the treatment of the disease. However, if judiciously used in selected cases, phenacetine can often be used to great advantage. If ever there is need for an antipyretic, this is the remedy of choice. Great benefit can also be obtained from its sedative action. Salol is also a permissible, and often beneficial drug, especially in the neuralgic and rheumatic types of the disease. This remedy, combined with quinine, sodium salicylate and Dover's powder, has often proven to be very efficient in the treatment of these forms.

Quinine is almost a universal remedial agent in the treatment. In my opinion, it is indicated in almost every type of the disease. Possibly in some cases where the nervous manifestations are abnormally exagger-

ated, large doses are contra-indicated. However, even in these cases, it should be given in tonic doses. When the sulphate is not well borne, the salycilate or bimuriate form may be used to advantage.

Sodium salicylate is a remedy of great benefit. We can sometimes relieve an attending neuralgia with this drug when all others have failed. It is needless to say that this is the remedy upon which we most rely, in the treatment of the rheumatic types. Combined with tincture of cannabis indica, and some anodyne, such as the sulphate of codeine and supported by some diffiusible stimulant, like aromatic spirits of ammonia, it has been a favorite and efficient remedy, with me, in treating some obstinate cases of the neuralgic and rheumatic types of the disease.

The much abused drug, calomel, can certainly be used to advantage in chronic la grippe. It is especially useful in the cases where the gastro-intestinal tract is the seat of the disease. In this form hepatic disturbances are almost always present, and for their correction no medicine is comparable to calomel. Given with salol and bismuth, the subnitrate or salicylate, it is a remedy with which we could scarcely dispense in the treatment of intestinal disorders of children suffering from the chronic form of this disease.

With what remedies shall we combat the obstinate bronchial cough so common with many cases of chronic la grippe? In my experience, this has been exceedingly problematical. What little relief that has been obtained, has been accomplished by the full administration of terpene hydrate combined with codeine or heroin, and this assisted by some sedative cough mixture, preferably the compound syrup of white pine. For the relief of this most distressing symptom, it is often necessary to administer an opiate. While not a strong advocate for the promiscuous administration of morphine in this disease, I have often been forced to give it for the relief of this symptom.

In all forms of chronic la grippe stimulants are almost indispensable. Strychnine is the most important. Its administration should be regulated to suit each individual case. Digitalis is also a valuable remedy. The exhibition of these remedies should be governed by the degree of weakness present in each case.

Finally, when we have been fortunate enough to place the patient sufferer from this formidable and dreadful disease upon the road to convalescence, it becomes necessary to institute some tonic line of treatment. For this purpose I have used to considerable advantage, a combination of the phosphates with the hypophosphites. A favorite mixture is equal parts of the elixir of the phosphates of iron, quinine or strychnine and the compound syrup of the hypophosphites of lime, soda and calcium, to be given in teaspoonful doses before meals. With this there should be given a judicious amount of good, wholesome and nutritious food. There should not be omitted the parting injunction to religiously abstain from laborious exercise for a period of several months.

Systemic Infection Through the Tonsil.*

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Before taking up the subject of systemic infection through the tonsil, it would seem well to review briefly the anatomy and histology of this gland.

The tonsils are situated on either side of the fauces, separated from the superior constrictor of the pharynx by a layer of loose connective tissue. They lie between the anterior pillar in front and the posterior pillar behind. The tonsil varies so much in size that it is difficult to state its dimensions. The tonsil is a lymphatic gland, but differs from the usual type in containing a dozen or more crypts which extend almost to the capsule. The surface of the tonsil is covered by pavement epithelial cells and the crypts are lined by columnar epithelial cells. There are no ciliated cells found here to protect the system from invasion by pathogenic organisms.

The most important artery of the tonsil is the tonsillar branch of the facial. The other arteries are the tonsil branches from the ascending pharyngeal, the ascending palatine, and the dorsalis linguae.

The lymphatics begin in the follicles of the tonsils, and drain through the lymphatic glands of the neck, having connection with the glands

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in the supraclavicular region and also the glands at the hilum of the lung. It is through this lymphatic chain that systemic infection is most likely to occur, though we cannot altogether ignore the infection through the blood stream.

It is not my intention to discuss the probable infection through the tonsil in cases of measles, scarlet fever and such diseases, though the frequent association of throat symptoms and inflammation of the glands of the neck in these diseases is very suggestive. It has been proven that tuberculosis, pericarditis, endocarditis, pleurisy and arthritis receive their infection through the tonsil. Dr. Robertson examined microscopically the tonsils of three hundred and thirty-seven patients and found that eight per cent of the glands were infected with tuberculosis. Grober's results were practically the same. It has been observed also that the glands of the neck which were infected with tubercle bacilli were frequently of the bovine variety. Infection can reach the lungs through the lymphatics in two ways, either through the supraclavicular glands, crossing both pluerae, or through the lymphatics at the hilum of the lungs. There would be still another mode of infection of the lungs through the general circulation.

Goodall has demonstrated that glands of the neck are frequently tuberculous when the tonsil on the same side is apparently healthy. He found, however, that the tonsil in these cases, when examined microscopically, contained tubercle bacilli and giant cells. This fact shows the importance of removing the tonsils in every case of tuberculosis of the glands of the neck. Unless the source of infection is removed, no permanent benefit will follow the removal of the glands. It is important also to carefully scrutinize the tonsils in all cases of obscure rheumatic conditions, whether the pains be in the joints or in the muscles. The way infection takes place through the tonsil is partly a mechanical one. The crypts in the upper part of the tonsil open in the supratonsillar fossa, and their position is so near the vertical that drainage is almost impossible. There are some cases also where the tonsillar crypts are covered by a fold of membrane, known as the plica triangularis. This membrane often covers the mouths of the crypts and thus prevents their drainage. To one who is not accustomed to looking into throats, this membrane may easily be mistaken for a part of the tonsil

or the anterior pillar. These crypts are filled with bacteria, food materials and detritus. In these crypts there is a continual warefare going on between the pus organisms and the cells of the gland. When the resisting power of the cells is lowered, or the number or virulence of bacteria are apt to reach the general circulation and give us cases of The glands of the neck become infected and, if not arrested here, the bacteria are apt to reach the general circulation and give us cases oof arthritis, pericarditis, endo carditis or pleuritis. There is also a possibility that the joints, pleura, pericardium and endocardium, may receive their infection without the glands of the neck showing but little involvement. Recently a carefully prepared work by Kretz has seemed to show a close relation between appendicitis and cases of angina. It seems probable that infection reaches the lymphatics of the appendix by swallowing large numbers of pus organisms which are discharged from the tonsillar crypts. There is a chance also of infection taking place through the general circulation. Kretz usually found the organisms concerned in such cases to be the streptococcus.

The general practitioner should cease looking for a large tonsil as the source of trouble, for the most dangerous tonsil is the one that is barely visible beyond the anterior pillar. The tonsil becomes contracted from frequent inflammations, and its crypts contain bacteria, food materials and detritus. Such a tonsil is ready to become acutely inflamed when the resistance of the patient is lowered by any cause. The large projection may cause trouble of a mechanical nature in children, especially on lying down.

Diseased tonsils should be absolutely removed and it does not matter so much as to the method so long as the removal is complete. Some prefer to remove the tonsil with a curved knife or a curved scissors. My preference is for the cold wire snare. The hemorrhage by such removal is less, and, after thorough separation of the tonsil from the pillars of the fauces, the removal is usually complete. There is also less danger of injuring the pillars if any tonsillar tissue should remain. This could be readily removed with the tonsil punch. The tonsillotome, in a great majority of cases, does not remove all the gland, but cuts it off and leaves its base to proliferate and give further trou-

ble. The tonsillotome is especially poorly suited for the submerged tonsil, which is one most prone to give trouble.

References.—Laryngoscope, Dec., 1906; Journal Amer. Med. Association, Nov. 24, 1906; Journal American Med. Assiciation, Dec. 11, 1907; Annals Atology, Rhiology and Laryngology, December, 1906; N. Y. Medical Journal, May 11, 1907.

The Rectum with Reference to the Causative Factor of Constipation.*

By J. C. Walker, M. D.,

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In taking up the study of the rectum I am well aware of the fact that it is a subject less thought of and less talked of by the general practitioner than almost any other subject of equal importance. The rectum to the average practitioner is a sort of darkest Africa or unexplored country. We will first consider in a very brief way the anatomy of the rectum. As you all well know the rectum is the terminus of the alimentary tract. It is from six to fifteen inches in length (Treves) and is continuous with the segmoid flexure of the colon and composed of three muscular, a mucus and submucus coat. The rectum is called intestum rectum, so called because of its straight course in animals; should be called intestum curvum, because it describes four distinct curves. Treves claims the rectum should be described as that portion of the intestine below the mesocolon. "The part the rectum plays in constipation should properly be called obstipation" (Cook). To a builder in constructing a house one of the most important questions is its proper drainage and sanitation. The most wonderful structure that has ever been in existence is the human body. While, i tis true, we are not builders, but upon us as medical men devolves the care of this wonderful structure. The ultimate success of the builder depends upon the healthful and habitable condition of his building. So the health and happiness of man depend upon the proper care of

*Read before Jefferson County Medical Society.

his body. The question of proper elimination or drainage is of equal importance to that of its nutritition. For the body to be properly nourished the excretory organs must perform their respective functions simultaneously with that of the secretive organs. Excretion and secretion must go hand in hand and this is impossible unless the main sewer is kept well open and clear of all obstruction. "The most difficult questions in the vast realm of medicine and surgery are those in which reflex disturbances are involved."—(MacGarman). The general practitioner is prone to look for the cause of reflex troubles in connection with the genito-urinary organs. I think as a rule if a patient exhibits symptoms of a nervous condition we dismiss him with the idea that he is a hyppochondriac. While if a female exhibits nervous symptoms of reflex origin we at once proceed to make a very thorough examination, and properly so, of the generative organs and if no cause is found we dismiss her as a neurotic and not amenable to treatment. We know that the most prolific sources of reflex disturbance is the alimentary tract, and particularly that portion of the alimentary tract which is found in the pelvis called the rectum. This being the fact when the cause of reflex symptoms is not found about the genitalia we should look for the cause elsewhere. We all know or should know that numerous diseases referred symptomatically to the genital tract, the digestive tract, and other remote parts of the body are due largely to disease the origin of which is in the rectum. The latest literature is replete with cases of incontinence and retention as well as cases of sciatica and even nasal symptoms have been remedied by the removal of the causes which were found in the rectum.

It is within the last few years, within the last decade that the largest strides have been made in the study of diseases of the rectum and their remedies. Our knowledge of this subejct is largely due to the original work of Hirschman of Detroit, Martin of Cleveland, and A. B. Cook of Nashville, Tenn., all young men just now in their prime and most of them general practitioners. Dr. Cook is now doing rectal work exclusively. "By the term obstipation we mean defective or difficult deffication caused by mechanical obstruction of the lumen of the rectum. The obstruction may reside in the rectal wall or it may be caused by the rectal wall being impinged upon by adjacent organs.

Constipation, however, is caused by some dietitic error or some closely allied condition" (Cook).

Atony of the muscular coats is the most common cause thereby weakening the propelling power of the intestine. The effects of obstipation and constipation are the same on the system—retention of poisonous products of metabolism retained in the system. Obstipation is at the foundation of many different diseases. Any abnormal condition which is caused by defective elimination may be due to obstipation. For instance, intestinal indigestion with gaseous disturbances causing functional palpitation of the heart and is said to cause sciatica, acne and a great many other skin affections. The great number of reflex disturbances caused from a defective elimination is familiar to all general practitioners.

Before any conscientious man can treat a case he must first make a diagnosis or at least learn the cause of the trouble he is called on to treat. To make a diagnosis of any diseased condition of the rectum requires a thorough examination. It is quite an easy matter for the general practitioner in his haste to introduce his first finger into the rectum and satisfy himself as to the existing condition; but all the relief he has given his patient is the psychic effect caused by the mechanical presence of the finger in the rectum.

To treat pathological conditions found in the rectum successfully requires more skill than the average general practitioner possesses.

The Physician's Duty to the Pregnant Woman, with a Study of Some of the Ailments.*

By A. L. Harlan, M. D.,

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The subject selected is to my mind a very important one, and if I can only succeed in getting each one of you to thinking of it as I do myself I am sure that my efforts will not have been in vain, nor my labor without its reward.

I believe there is a growing tendency, not only in medicine, but in all the professions, and I dare say in almost all the business enter-

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*Read before Elmore County Medical Society.

prises of the age to overlook the small things; competition and the mad desire for fame is responsible for this in the medical profession, I am sure. Every young graduate in medicine feels that he must do an abdominal section or a hysterectomy before he has accomplished anything, not realizing the fact that he was perhaps never cut out for a surgeon, and that to do something in a small way that would ultimately prevent the need of an abdominal section or an hysterectomy would be more after his calling and extremely more philanthropic.

Reverting to the subject, I would reiterate that there is in my opinion no condition which confronts the physician that is of more moment, or should appeal both to his skill and sympathy than the utter helplessness of the expectant mother; and the fact that nature does so much for the greater per cent of them only sounds the death knell of the unfortunate few. They have no other source from which to expect help than their family physician and because of their own ignorance and his neglect they realize too late that the poor victim has absorbed into her system the fatal dose. The help we might have rendered has, alas! come to late; she is writhing in convulsions or blind with albuminuric retinitis.

You ask where does our censure come? I answer in our neglect to inform the laity that every pregnant woman should place herself under the care of her family physician by the end of the fifth month, at least, and she should be instructed as to the necessity of furnishing him with specimens of urine as often as he deems it advisable for his inspection.

The physician himself could become versatile with, and teach his patient what the danger signals are, and also as to how to regulate her habits as to dress, exercise, diet, and in fact any and everything that would make the path to the lying-in chamber more roseate, and the expected goal more certain.

There are books written on this subject which might and should, where practicable, be placed in the hands of all expectant mothers; one that has come under my notice is a little work entitled, "Tokology," written by Mrs. Alice B. Stockholm which is full of good advice along these lines; and for us practitioners to become versatile with its teachings or some other similar, so that in our daily rounds and constant

communication with our mothers, and expectant mothers, we could teach those who did not have the opportunity to read and study for themselves; we could not serve our generation better.

I have imagined that if we as physicians could be called upon to undergo the anxiety with which the expectant mother approaches her lying-in chamber we would redouble our energies to rob it of some of its horrors; and add to the comforts of the 280-long and, to them, dreary days of pregnancy. Of course the physician practicing in the country labors at a disadvantage in prosecuting these ideas, but the public now looks to, and expects more of, the physician than formerly, and with our improved facilities for gaining information, and the public's willingness to be instructed we can do much.

Prevention is worth more than cure—this every intelligent doctor accepts as a palpable fact. Then the more we can know concerning the care of a pregnant woman, the less we will need to know concerning the complications of labor.

That suffering in child-birth is greater, and complications of pregnancy more numerous in this country than any other, save perhaps in the higher classes of Europe, is evidenced by missionaries and physicians who have taken the pains to inform themselves. The theory prevails that when you cultivate or civilize a woman you develop her emotional nature and thereby lessen her physical powers. This may be the case, but it should not be so, and if every physician in the United States could see his duty in this matter clearly set forth, and would constitute himself not only a teacher, but a true philanthropist as he should be, in one or two generations we might change the entire make-up of women and instead of having them dread the glow and hue of health, the rotundity and beauty of muscularity, the comely shapes which the great masters gave to the Venus de Medici and Venus de Milo; we would have her court them as she would the smiles of her lover.

The present generation with which we have to deal are devotees to fashion, and seemingly ignorant and certainly indifferent to all the laws of health, but let us act well our part, "There is where the honor lies," and by so doing I insist that we will add the leaven which will ultimately leaven the entire loaf.

Our help to the pregnant woman will come under two heads: General and special. General meaning any instructions in hygiene, dress, diet, exercise, etc.; special meaning the early recognition and treatment of the diseases which we know to attend the pregnant state.

In this paper I can only touch on the salient points under each head, and will first speak of diet, and insist that from the very beginning of pregnancy, the pregnant woman should be taught how to eat and what to eat, for I believe that imprudence along this line is responsible for a great many of her discomforts, if not for her real diseases. Her nervous organization is peculiarly sensitive and the reflex action from the gravid uterus seems especially to influence the sympathetic ganglia which control the alimentary processes. So if the food taken is not of a suitable nature to easily digest and assimilate, failing to furnish proper nutrition to the blood, pathological conditions will necessarily arise. The need then is for food like milk broths, toast, a limited number of the cereals, poached eggs and fruits freely. These being much better than the sweets, starches and heavy meats. Coffee, tea and pastry should be studiously avoided; water should be taken freely either hot or cold, but apart from the meals. These words from Milton would aptly apply to us all, but especially to the pregnant woman:

> In what thou eatest and drinkest, seek from thence
> Due nourishment, not glutonous delight,
> So mayest thou live till, like ripe fruit, thou drop
> Into thy mother's lap, or be with ease,
> Gathered, not harshly plucked for death mature.

The dress of the pregnant woman should be of sufficient quantity for the comfort of the body, and should be loosely worn, and suspended from the shoulders, as heavy skirts dragging on the hips and bowels constricting the waist, arresting free abdominal breathing, forcing the intestines to encroach upon the domain of the uterus, interfering with the circulation of the pelvic viscera, are conditions which we all know should not be permitted.

Plenty of exercise in the open air, substituting short walks for pleasure, for so much menial drudgery of the poorer classes, and this can be done when we teach them the importance of it both to themselves and to their offspring.

Bathing for cleanliness, and for its tonic effect cannot be over estimated, a cold splash bath each morning on arising above the waist band has a splendid tonic effect on the entire nervous system.

Abstinence from sexual intercourse is something that the physician should not fear to preach in a quiet but a decisive way to both husband and wife; for if this law holds good—"That such is the intimate connection between the mother and embryo, that the exercise of any faculty of her mind or soul, or of any organ of her brain or body, stimulates and develops in proportionate degree the corresponding faculty or organ in the incipient child"—then for the sake of the child, if not for the mother, sexual abstinence should be practiced; the benefit to the mother I am sure none of us will fail to realize when we give it a moment's thought.

Under my second heading which deals with *diseases* of pregnancy we are first called upon to take cognizance of vomiting, and in my experience it has not left all pleasant recollections. Hirst of Philadelphia divides it into physiological, exaggerated and pernicious, or uncontrollable vomiting; the first is seen in almost every pregnant woman, and in most instances the physician is not consulted about it at all, if so a mild purge with some sedative and correcting the diet usually relieves them.

The exaggerated is seen more rarely, but quite often, perhaps during a period covering several years' practice, and the delicate point for us to decide will be, where the exaggerated form ends, and the pernicious begins; and having been successful in treating some cases of the exaggerated form we are likely to overstep the bounds and let some cases of the pernicious die that might otherwise have been saved.

The etiology of the disease has not been definitely determined. But some of the causes could be, displacements of the uterus, inflammations of the cervix, adhesions of the membranes at the internal os, rigidity of the muscular fiebers of the uterus, etc. Post mortem has revealed the diseases of different organs, and more especially ulcers and cancer of the stomach, but Tarnier declares, "That it is impossible to describe the pathological character of the disease;" no pathological changes having been found in many instances. I would rather believe that the pernicious form is due to a toxemia which manifests itself through the medul'a and the nerves influencing the stomach.

The treatment will vary as do the possible causes; leading ones are, absolute rest in bed, complete abstinence from food by the stomach and fluids even, resorting entirely to rectal feeding for days after nausea has ceased. Examination of the pelvic organ should not be overlooked, with correction of any misplacements; elevation of the uterus with tampons and the attendant drainage which may be secured at the same time might do good; mild cauterization of an eroded cervix is altogether in line.

I have from my past experience but little faith in internal medication in these cases, but am strenuous on the idea of perfect rest for the stomach; I have thought, however, to have seen benefit from heavy doses of bromide given with my rectal meal. Strychnine hypodermatically with minute quantity of morphine often fills an important place.

The delicate point on which hangs the life of the patient and may be the reputation of the physician, is, when should expectant treatment cease, and the more radical treatment of emptying the uterus begin. A very good rule, I think, is one defined by Hirst: "When patient has nourished entirely by the rectum for a reasonable period, say ten days, without improvement; if the pulse is over 100 and physical exhaustion manifests itself, wait no longer."

If mistakes must sometimes be made they had best be made in favor of the mother. The mortality of pernicious vomiting is high. Here are some statistics given by Hirst:

"Of 239 cases, 95 died; of 57 cases treated by ordinary methods, 28 died; of 36 cases treated by the induction of abortion, 9 died."

And while he does not say so, I will dare to say that had these had the abortion produced earlier the percentum would have been even smaller. It is a dangerous condition and my past experience impels me to say, remove the cause of the toxic ere it is too late, viz: empty the uterus.

Eclampsia, albuminuria and the toxemia of pregnancy if not synonymous terms, are so closely interwoven and dependent upon each other that I shall not attempt to separate them, and therefore treat them under one head. The best authorities at my command claim that we have eclampsia both with and without albuminuria; that we have a form of profound toxemia attending albuminuria and that we have albuminuria independent of either. Eclampsia in its broader sense might mean a

convulsion of almost any kind, but in this sense we refer to a special form of convulsion of general uniformity in symptoms connected with pregnancy and parturition; its frequency is determined to be about one in 500 cases.

Schroeder found that of 316 cases of eclampsia, 62 occurred during pregnancy, 190 during labor, and 64 in puerpurium, but all of the last within two days after labor. Von Weiger found in 455 cases, 109, 236 and 110, in these three periods respectively.

Many theories have been advanced as to the probable cause, but the autopsies in fatal cases most often show kidney lesions, and in the great majority of all cases albumin is found in the urine. Those cases occurring without it being more benign. Slight structural changes can make great disturbance in function and the seizures depend more on disturbance of function than on change of structure.

The prodromal symptoms which might forecast an eclamptic attack should be well known by the physician and when possible taught to the pregnant woman. They are head aches, mental depressions, dizziness, vertigo, flashes of light and often oedema of extremities with even blindness or ambliopia; and another of great import to the physician, albumin in the urine with marked decrease in the flow. The tongue is usually heavily furred, the breath a peculiar sweetish odor, and the bowels torpid.

The liver is believed by many, on account of faulty metabolism, to contribute largely to the accumulation of toxines in the blood which would make eclamptic seizures, and this I am thoroughly convinced is true. The natural treatment then, preventive I mean, would be free purgation with calomel, stimulation of kidneys with ascetate of potash and digitalis, a large intake of water, Stafford or Lithia if obtainable, restriction of diet and exercise, and general hygienic management; in this way most cases, I might say almost all, if begun with in time, can be carried safely to term.

All of us will meet with a certain number of cases, however, who from carelessness or environment, have not put themselves under the care of a physician sufficiently early, or the physician may have been derelict in duty in teaching them the importance of having them under his watch-care during the last months of pregnancy. At any rate we

are called when the symptoms are extreme. The woman is anemic, thoroughly oedematous, perhaps or almost quite blind, the urine scant and loaded with albumin, the pulse erratic, perhaps 100 or more in frequency. Then what will we do? I believe that all authorities have agreed that you must take immediate steps to empty the uterus if the child is viable. I believe that whether the child is viable or not when you fail to get immediate results from treatment, empty the uterus, for the same poison that is destroying the mother's blood is destroying the foetus and delay means the loss of both mother and child. The treatment of an eclamptic seizure is too well known to you all for me to dwell on it here. Veratrum hypodermically will in many instances hold them down, until other measures, as emptying the uterus or removing as much as possible the cause, can be instituted. Morphia, chloral, etc., all have a place, and in certain cases will not disappoint one. The one treatment of blood-letting which I believe to be the best of them all, except emptying the uterus, is much neglected.

The main purpose of my paper must not be overlooked, and in closing I will call attention again to it, it is this: that each one of us should feel personally responsible for the women during pregnancy who are to come under our care during confinement, teach them in the beginning how to eat, what to wear, how to exercise and soforth, how to live, so as to make the most of their progeny and make health and happiness in the home. In the latter months we must have them under special supervision, strictly guarding the two great pit-falls, the kidneys and the liver.

Prevention of the Social Evil.*

By S. D. Suggs, M. D.,

Hope Hull, Ala.

I take pleasure in choosing a subject because it has not received that consideration by the profession which it merits, and, too, because it directly concerns the entire population of the inhabited earth, from the

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poorest African to the richest Anglo-Saxon, and from a child in its mother's womb to a person of a mature age.

With all ages and races it is raging with an incalculable rapidity, leaving every victim in a most pitiable condition, and some of them eyesores to spectators. Like a serpent in the grass, stealing with noiseless, low and unseen approach, does it sneak upon us, and armed with deadly poison which ramifies every cell of the human body and slowly but surely crushes its victims as the wild and whistling bullets from the guns of a battle field.

Gentlemen, I speak of the evils of gonorrhea and syphilis—the great social evil of today. And it seems that we have never opened our eyes to the fact that these are the most dangerous diseases and will sap the life blood just as yellow fever and tuberculosis. "I admit that the final result, death, is usually after many years," thus allowing others a chance to become infected with the rapidly spreading fatality. At the worst tuberculosis, yellow fever and plague only kill, and require little delay in the killing. These are not so rapid in their course, the infected having time to realize the pain, shame and disgrace of a disease the eradication of which is as difficult as it is necessary. Not only from the standpoint of pain, shame and disgrace, "but because the disastrous consequences are far greater so far as human misery is concerned than that of any other infectious or contagious disease, especially to the innocent wives and mothers and too often to their offspring."

Gentlemen, why is it that venereal disease, the most widespread and a thousand times the most costly from the standpoint of social economics and which have their breeding ground in parlors and social gatherings, are not only ignored, but either willfully or carelessly passed by "as though their victims were the unfortunate among thieves."

The laymen and especially the innocent wives and mothers know nothing of these evils and their disastrous consequences, therefore, never fearing and ever hoping until they find themselves in a most critical condition. What could be more destructive to the happiness of an innocent wife than to find after her most earnest and devoted attention to her husband, that he has infected her with a most loathsome disease contracted while satisfying a doggish passion aroused in the slums or by cast-out pieces of rotten humanity? Picture her, gentlemen! With no way to help herself, she visits the doctor, week after

week, month after month and possibly as the last resort goes on the operating table which partially or completely incapacitates her for life for all the higher duties of womanhood and motherhood, and unaware all the while of the real nature of her trouble! Possibly there might be some who would say but few cases require operative treatment. To give some idea how many go on the operating table for relief, I will give a report from some prominent gynecologists and surgeons of the country:

One of Mobile's most prominent surgeons said 80 per cent. of operated cases of inflammation of the female pelvic organs were primarily due to gonorrhoeic infection.

One of Mobile's most prominent gynecologists said of all the inflammatory conditions of the pelvic cavity on which he had operated, between 75 and 90 per cent. were caused by gonorrheal infection.

One of Montgomery's most prominent gynecologists said that he is quite sure that more than half of the patients with pus in tubes on which he had performed operations have given a history of gonorrheal infection, and said that when we consider the frequency of "latent" gonorrhea in the male (75 per cent.) it is not surprising that we should find this disease so common in the female, even of the better class of people.

Gentlemen, if you remember Dr. Taylor Henry's essay on locomotor ataxia, you no doubt remember when naming the etiology of the trouble he named syphilis as one of the foremost causes.

When Dr. William D. Partlow was speaking of degeneracy he named syphilis as one great factor in its etiology, and I consider it unnecessary to take up your time to enumerate further than point you to the still-born births due to syphilis in parents.

Gentlemen, "does it mean anything to our nation's prosperity, when about 800,000 young men are reaching maturity every year, and about half of them are laid aside for a time before adult life because of venereal diseases, and some receive permanent disabilities, and not a few are rendered industrially useless, and these become the means of incapacitating others?" Does not our nation pay a great tax when a large percentage of those infected become sterile, permanently disabled from propagating their species? If she does, then should the medical pro-

fession, the originators and exponents of prophylaxis, come to the assistance of our state and country. When the people hear of smallpox they no longer become panic-stricken because they have learned that by vaccination, fumigation and isolation it is robbed of its terrors. Yellow fever is rapidly losing its horrors, owing to a campaign of education concerning its dissemination and prevention. Tuberculosis will soon be rapidly decreasing in its dismay, and we hope this may be a beginning for the eradication of the social evil, diseases which require no special predisposition, season or climate. 'Tis true we can never hope to resort to gauze netting, and possibly never to vaccination, as has been done with yellow fever and smallpox, nor can we at all expect to eradicate this disease by any possible means within one year or even ten or fifty, because:

1. Of its mode of infection.
2. The privacy of the disease.
3. Every class of people is concerned.

But the medical profesison can give them a chance to learn of the diseases, as has been done with yellow fever and smallpox, that they may be more cautious and practice habits of personal purity.

Gentlemen, the ignorance regarding the normal sexual phenomena and the proper care and respect for their genital apparatus among the intelligent adult people is already a reflection upon the medical profession, and every physician should feel it his personal duty to teach the people the danger of this class of diseases.

HOW CAN WE PREVENT THIS EVIL?

This is a free country and these are free people. They will not agree to bind, nor will they agree to be bound, nor will they submit (and justly so) for their homes to be tagged, as in yellow fever and smallpox. Isolation is impossible because it would partially or completely check every business for a time owing to the prevalence of the disease. Prohibitory legislation is not considered feasible. Then what other means have we at our command?

Gentlemen, it seems to me that the only plan that will effectually curb this evil would be a campaign of education along the line of its prevention. In my opinion this might be accomplished in three ways:

1. By literature prepared by a suitable committee of patriotic phy-

sicians, said committee to be appointed and directed by the State Medical Association, this literature to be distributed by the State Health Officer to the several county health officers, and they in turn distribute it to the physicians of the counties, and the physicians could easily distribute it to every family in the country.

2. By an interest manifested by the physicians of the country, much good can be accomplished in the way of preventing the spread of these diseases by confidential talks and advice to the people of their territory along these lines.

3. By the lecture room, this to be accomplished by a lecturer appointed by the State Health Officer or elected by the State Medical Association, this lecturer to go into every village, town and city in every county of the State. In these places every pulpit, school, club room and society hall should be visited by him, endeavoring by such lectures to arouse such interest in this subject as will cause the people to become wide awake to the importance of shunning every possible chance of contagion.

Gentlemen, a small beginning may have no end, "conviction and sane enthusiasm will win over many who are now apathetic to the cause," and it is earnestly hoped that this subject will receive more careful consideration by the profession everywhere, and that thereby some good may be accomplished.

Arterio Venous Annastomosis with Report of Case.

By Gaston Torrance, M. D.,

Surgeon to St. Vincent's Hospital, Birmingham, Ala.

Carrel began his experimental work in France in 1902, but most of his work has been done in the Hull Physiological Laboratory of the University of Chicago. The first attempt to suture an artery to a vein was made by Berard & Carrel in the Laboratory of Auguste Lumiere. The femoral artery and saphenous vein of a dog were divided in Scarpa's triangle and the central end of the artery was sutured to the per-

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ipheral end of the vein. The vein became distended with arterial blood, pulsated and exhibited the main characteristics of an artery; the dog died in two days from infection.

Carrel and Morel did some work in the Laboratory of Prof. Soulier at the University of Lyons. The first dog operated upon made a good recovery, but eight days later the vessel was found to be occluded by a fibrous clot.

The next one was in every way successful. The external jugular vein and carotid artery were dissected up and divided. The distal end of the vein and proximal end of the artery were united. The arterial circulation was very active through the new vessel. Several weeks after the operation the animal was presented before the Societe de Medicine, the vein pulsated like an artery. A systolic murmur could be heard at the point of anastomosis. The dog was under observation for several months, and the results remained satisfactory.

In 1903 Exner experimented with Payr's method, introducing tubes of absorbable magnesium which had been successful in arterial suture, but caused thrombosis in all cases of arterio-venous anastomosis.

Hopfner attempted to unite an artery and vein, but was unsuccessful.

Payr thought the thrombosis was due to increased blood pressure.

About a year ago experiments were begun in the clinic of Prof. Garre of Breslau by Drs. Stich, Makkas and Dowman. I was fortunate enough to examine a number of specimens in Prof. Garre's laboratory last winter while in Breslau, in which they had gotten excellent results.

The transplantation of veins consists in dissecting and cutting a vein and grafting it into some other point of the circulatory apparatus. This may be uniterminal, as when one end of the vein is united to an artery or another vein, or biterminal when the two ends of the venous segment are united to the cut ends of an artery or another vein, or an artery and a vein. A biterminal transplantation may be complete or incomplete; complete when the segment is dissected up throughout its whole course and then united to another vessel. Carrel has kept a segment of a vessel in cold storage for eighteen days, and then transplanted it successfully. In an incomplete transplantation, the segment is not dissected up from its sheath except at the ends. When the segment is taken from the same animal, it is called autoplastic, and homoplastic

when taken from an animal of the same species; heteroplastic if from a different species.

The conditions necessary for the successful transplantation of a vessel are (1) a method by which the artery and vein can be smoothly united without hemorrhage, stenosis or thrombosis, and (2) a rigid asepsis.

On account of the difference in size, it is difficult to unite a vein to an artery, bringing the endothelium of the two vessels in accurate apposition without any puckering of the vein. Hemorrhage may occur between the folds and fibrin may be deposited in the pockets, producing an embolus. The needles must be small, and the thread the finest and strongest to be obtained.

The thread is sterilized in vaseline and is ussed while heavily coated. The vessels must be gently handled, and no dangerous metallic forceps used; the endothelium is protected from drying by using sterile vaseline.

In Garre's clinic, they use Pearsoll's 0000 silk, which is boiled in water and then kept in sterile liquid parafine. It is said to keep well, and loses nothing in strength when reboiled. No chemicals are used in the operation, for fear of injuring the intima. The circulation is controlled by very light forceps designed by Hopfner, which are covered by rubber tubing and then wrapped in two thicknesses of a very fine mesh gauze.

A sepsis of an ordinary operation is probably not sufficient, as there is often some redness and hardness of the tissues, although there is no suppuration. When the assepsis is more rigid, the tissues are soft and show no adhesions to the underlying structures

TECHNIQUE.

A vein may be dissected up for its full length, and close dissection may be made, as it is quite strong. It may be handled with the fingers with comparative roughness without producing sufficient injury to cause thrombosis. Great care must be exercised in controlling the circulation with metal clamps. They must be smooth, and if too strong, will produce so much injury of the intima as to cause a deposit of fibrin and thrombosis formation. All branches of the vessel should be carefully ligated, and in complete biterminal transplantations the segment of vein

should be reversed in order to overcome the valves. An artery may be united with a vein twice its size, as the vein, on account of its thin walls, is easily approximated, but it is a very much more difficult problem to unite a large artery and a small vein on account of its thick walls. When the vessels are near the same size, the anastomosis becomes less difficult. When the artery is much larger than the vein, it is better to suture the vein into the side of the artery. This procedure is more difficult than an end to end anastomosis, but can be done successfully by suturing the vein into a traingular opening in the side of the artery and accurately approximating the endothelial layers of both vessels.

When a very small vein is to be transplated, it is easier to make an anastomosis by dissecting the vein up to the point where it joins a larger vein, and removing a portion of the parent vessel around its mouth and using this in making the junction with the artery. Carrel has used this method successfully in a number of cases in transplanting the renal artery with the kidney in some other portion of the body.

Carrel has made a tube from the peritoneum and used it instead of a segment of a vessel for the anastomosis. Results were not good. Two weeks after a segment of vein had been interposed between the cut ends of the carotid artery of a dog. It was found upon dissection that the segment had a fibrous sheath like the artery and appeared to be a dilated portion of the artery, and when incised longitudinally, it stood open like an artery. It was about the same thickness as the artery at the point of junction, but near the middle of the segment it was almost three times as thick as the artery. Microscopically, the fibrous layer of the middle and the inner fibrous layer of the outer coats were found to be enormously thickened.

APPLICATION OF SURGERY.

Carrel has succeeded in getting union and restoration of function in the leg of a dog in which the nerves, bone, muscles and vessels were united after the limb had been amputated for an hour and a half.

He also reports an instance in which an anastomosis was made between the carotid artery and inferior thyroid vein in an animal with symmetrical parenchymatous goitre which had pronounced general symptoms improved steadily, as the gland decreased in size. Six and a

half months after the operation, the gland had decreased very much on both sides and had become much firmer. The unoperated side was still larger than normal. All general symptoms had disappeared, and except for the enlargement of the thyroid, the animal was perfectly normal.

Microscopical examinations made from small sections of both glands showed the one operated upon to be much more normal in structure, and containing far more colloidal material. Carrel suggests that, as Bier's congestion theory has proven to be so valuable in other conditions, that we may find it useful in the treatment of diseased organs.

San Martin y Satrustegue in 1902 did an anastomosis between the femoral artery and vein in two patients with gangrene of the leg. In one case, amputation was done at the same time, and there was no further spread of the gangrene. The other was a complete failure. Later, Prof. Jaboulay established a lateral anastomosis of the femoral artery and vein on a patient suffering from gangrene produced by endarterilis. It was not a success, and amputation became necessary.

Recently Payr transplanted a piece of a mother's thyroid into the spleen of her six year old child suffering from typical infantile myxoedema. The child had been given a thorough course of treatment with thyroid extract lasting three and a half years, with no improvement.

Within five months after the operation the child had made great improvement, both mentally and physically.

When the implantation was done, the copious bleeding from the spleen was controlled by the action of the thyroid tissues.

DR. JOSIAH C. HUBBARD'S CASE.

The patient, a man 80 years of age, was admitted to the Boston City Hospital in April, 1906, with dry gangrene of the right middle toe and edema of the foot. There was a loud systalic murmer. Lips blue. Radial arteries tortuous and a markedly sclerotic condition of all the other arteries. No pulsation felt in the dorsalis pedis. Urine negative.

The toe was kept dry, but the gangrene slowly progressed until the toe sloughed off and the other toes became involved.

About two weeks after admission, under ether, an arteriovenous anastomosis was done in Scarpa's triangle. The femoral artery was freed from its sheath for about two and a half inches, and was found to be

very sclerotic. The vein was dissected up for a corresponding distance. A Crile clamp was applied to the proximal end of the artery and a piece of rubber tubing to the distal. A similar clamp was used on the distal end of the vein, and a rubber tube on the proximal. The vein was divided at a higher level than the artery. Three mattress sutures with needles on both ends were passed through the proximal end of the artery from within out at equal distances apart. The artery was then invaginated into the distal end of the vein by passing the needles into the lumen of the vein for 1-4 inch, and then through to the outside and tying them. The circumference of the vein was sutured to the artery by interrupted stitches which did not include the whole thickness of the artery. Pagenstecher's celluloid thread No. 1 was used for all the sutures. The clamp was removed from the proximal end of the artery, and the rubber tubing from the distal portion of the vein. There was no leakage at the suture line. The vein partially filled immediately and pulsated slightly. By a similar process the distal end of the artery and proximal end of the vein were united, but as the vein was divided at a higher level, there was some tention when the union was made. A small clot had formed in the artery, and was wiped out before the anastomosis was done. While manipulating the artery, the tourniquet was pulled off and some blood was spilled, which was venuous in character. When the clamp and tourniquet were finally removed, the vein became partially filled. The wound was closed in tiers, and a dry dressing put on. A spica bandage was applied holding the thigh flexed on the body. The patient was fastened to a Bradford frame, with pillows under the knees.

There was no immediate change in the appearance of the leg. It seemd to be as warm as the other, and there was no edema. There was never any pulsation in the superficial veins. The wound healed by first intention. The gangrene extended back to the tarso-metatarsal joint, where a line of dermarcation formed. The case was shown to the members of the American Medical Association. Hubbard thinks the gangrene would have extended more rapidly, and would have involved a greater area had not the arterio-venous anastomosis been done, and on this account claims that his operation was a success.

An amputation in the lower third of the leg was considered prefer-

able to one through the foot, and this was done June 8th. No tourniquet was used. Both anterior and posterior tibials contained arterial blood and spurted with considerable force when divided. The veins did not appear to contain any arterial blood. The wound healed up slowly, and the patient was discharged August 6th.

The author makes no attempt to explain the findings at the time of amputation.

DR. HOWARD LILIENTHAL'S CASE.

A man twenty years of age, a native of Russia, and a salesman by occupation, was admitted April 26, 1906.

His history was negative until his vascular trouble began several months prior to admission with pain and burning in the calves of the legs, which gradually increased until walking became impossible. Two months before admission a painful ulcer developed on the left great toe, the pain extending to the other toes and finally to the whole leg and thigh up to the groin. Another ulcer appeared on the heel, with dusky red patches on the front of the ankle.

Physical examination negative. General condition quite good in spite of a quite marked anaemia.

The ulcer of the toe was on the inner side of the distal phalanx, and was about the size of a thumb nail, edges slightly raised and partially undermined; the floor was covered with sloughy granulations, discharging a thin serous fluid. The ulcer on the heel was slightly larger, but of the same character, with its base black and gangrenous. The ulcers and their neighborhood were very painful and extremely tender to the slightest touch. The left dorsalis pedis and poplitreal vessels could not be felt. The right pulsater normally. The diagnosis of arterior sclerotic gangrene was made, and treatment by mouth of glonoin:n and iodide of posassium and mercury by inunction was begun, hoping there might be a syphilitic element underlying it, of which there was no history. The disease continued to progress, the ulcers became larger, the foot dusky and the patches on the dorsum ulcerated. A few inflammatory glands could be felt in the groin. The patient's general condition became poor. On June 2nd, under gas and ether, an incision was made over the popliteal space with the view of making an anastomosis between the proximal end of the artery, and the distal end of the vein

and ligating the other cut ends of the artery and vein. The artery was absolutely obliterated, even as high as it could be traced through a seven inch incision and the wound was closed and the operation abandoned. Four days later the operation was performed on the vessels in Scarpa's triangles. It was found that the artery pulsated only in its uppermost part. The circulation was controlled by a tape ligature clamped around the external iliac artery. A permanent ligature was applied to the vein at this point and a temporary one thrown around the distal end. The artery was served one centimeter below, and the vein the same distance above the point selected for anastomosis. The stumps of both vessels were emptied of residual blood and filled with sterile vaseline. The ends of the vessels were brought together by three "anchor" sutures equidistant apart and left long so that when put on the stretch the lumen of the vessels formed an equilateral triangle. A continuous suture was used and was tied at each angle of the triangle, the "anchor" sutures being used as retractors. The suture passed through all coats of both vessels, bringing the intimas together and turning the seam outward. No 12 Millner's needles and 000 silk used, boiled in valseline. Just before the last suture was tied, the vessels were emptied of the vaseline by gentle manipulation. When this suture was tied, the tapes were romoved and the current established from artery to vein without any leakage. Pulsations were visible in the femoral vein and could, with some difficulty, be felt in the external saphenous. No pulsation was noted in any of the veins of the foot, but the ulcers, which were markedly cyanotic and did not bleed bright blood at the beginning of the operation, began to exude. In ten minutes the foot appeared to have recovered somewhat from the intense cyanosis incident to ligation of the femoral artery, but never approached the normal in color. The patient was very much shocked. The following morning there was a line of demarcation crossing the dorsum of the foot, and extending up posteriorly across the leg just below the middle of the calf. The patient died 31 hours after operation.

No post mortem was allowed except the removal of the anastomosed portion of the vessels. There was a very soft clot in the vein, possibly formed just before death. No hemorrhage or bulging of the vessels at the point of suture.

AUTHOR'S CASE.

On July 19, 1906, the patient, a man forty years of age, while working in a pipe foundry had both legs crushed by two ten inch corebars, weighing about 900 pounds, falling on him. There was a simple fracture of the left leg, and a compound fracture of the right ankle. When first examined the injury of the ankle did not seem so serious, and I promised him I would not amputate his foot. When examined under ether the bones of the ankle and lower end of the leg resembled ice when broken in a towel; the anterior tibial artery was found to be severed and the tissues around the joint were so badly lacerated that it was questionable whether the posterior was intact or not. There was considerable shock, and it would have been almost impossible to detect any pulsation in either of the vessels. I found the long saphenous vein was cut also, and decided to unite the proximal end of the artery with distal portion of the vein. Blood was flowing from both vessels, and I secured them temporarily with lightly tied silk ligatures until I could finish resecting the ankle.

When ready to unite the vessels, I resected the artery above and the vein below the ligature in order to get rid of this bruised part of the vessels. Two small silk sutures were passed through whole thickness of the artery on opposite sides and then down into the lumen of the vein for about a quarter of an inch, and then out through the wall of the vein, and when drawn tight and tied, invaginated the artery into the vein. The end of the vein was sutured to the artery by a continuous silk suture.

No clamps were needed to control the circulation on account of the weak condition of the heart's action. The blood was still flowing from both vessels when the artery was invaginated but no distinct pulsation could be detected. There was no leakage after the circular suture was introduced.

The wound was packed with guaze and the sutured vessels covered with a flap of flesh which could be raised up for inspection of the vessel. The foot was put under a constant drip of carbolic acid solution, 1-2 per cent., and kept warm with a hot water bag. The following day the foot was warm and normal in appearance; the circulation seemed as good as in the other foot. Motion and sensation normal. About half an inch of the vessel could be seen a short distance above the

suture line, and slight pulsations could be felt; it seemed to be fully distended. The artery was intact on the eleventh day after the operation and bled some from the outer coats when sponged. No distinct pulsations could be felt, but it seemed to be in a healthy condition and was thought to be carrying a small current of blood. The walls of the artery were firm and tense, and a clot was in all probability forming, which, in the course of the next few days completely filled the lumen of the vessel and caused it to slough, owing to its exposed condition. I did not attempt to examine it again for several days, and when I did so, I found only a sloughly cord, which I recognized as the vessels, but its condition was such that it was worthless as a specimen.

I think the vein probably supplied blood to the foot for two weeks until a new collateral circulation was established, which grew stronger as the fibrin was thrown down in the vessel, constantly narrowing its lumen.

About four months later the bones showed a somewhat diseased condition, and the patient insisted upon having the foot amputated. Unfortunately, this was done while I was in Europe, and nothing was found out as to how the circulation of the foot was carried on.

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Legitimacy and Some Medico-legal Points.*

By E. H. Sholl, M. D.,

Birmingham, Ala.

This paper does not in any way lay claim to originality, but simply the preparation of some points in condensed form that are not readily available to the practitioner without much loss of time in search.

1. All children born in lawful wedlock are legitimate unless non-access or impotency on the part of the husband be proved.

2. When a woman lives in open adultery, the husband not living in the house with her, though there be possibility of access on his part, the legitimacy of the children cannot be maintained.

3. Children conceived previous to marriage but born in wedlock, are legitimate.

4. Children born out of wedlock, become legitimate on the subsequent marriage of their parents.

5. Parents cannot give evidence against the legitimacy of their own children.

6. Posthumous children born within a reasonable time after the death of their father, are legitimate unless non-access or impotency be proved.

7. A father does not acquire tendency "by courtesy" in his wife's estate on account of a living child delivered by Caesarean section after the death of the mother, though the child is legitimate.

8. All children born after the divorce of their parents are illegitimate, though conceived in wedlock.

9. If a man marry a woman having children by another man, though she be a widow, he incurs the support of these children, though this does not make the children legitimate, unless they were otherwise so.

10. If a man marry a woman at once after the death of or divorce from her husband and a child be born within such time that it might have been the child of either husband, the wife and second husband are allowed to give evidence as to the child's parentage.

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*Read before Jefferson County Medical Society.

1. A physician is in no way responsible for results save as they may be due directly to his neglect or treatment.

2. A patient may recover damages from his physician for injury to his reputation or feelings, sustained through the physician having revealed his privileged communication.

3. Negligent malpractice is where from some want of attention on the part of the physician the patient fails to receive such treatment as his situation required.

4. A physician is liable to a suit for damage, where he fails to make prompt report of contagious diseases as required by law, when this failure inures to sickness or death of a party exposed by reason of his neglect to report the same to the official authorities.

5. Physicians are bound to give the benefit of their best judgment, but will not be held liable for a mere mistake or error of their judgment.

6. A physician is under no legal obligation to take charge of a case unless he wish.

7. The failure to call in consultants in a case does not increase or diminish a physician's liability in a damage suit.

8. The physician from a legal standpoint is the best judge of the number of visits necessary.

9. The bill for a physician's fees in a person's last illness takes precedence of other claims along with funeral expenses.

10. The fact that a case was treated gratuitously does not in any degree excuse malpractice.

11. The law holds that a party summoning a physician is only the agent of the patient unless he makes special contract to pay for the fees.

12. When a physician is employed and notice is given the corporation and the employment is not questioned, the corporation is held liable.

13. A patient is liable for the fees of a consultant, if he accepts his services, even though the consultant was summoned by the family physician, with the understanding that he would pay the consultant, the consultant being ignorant as to the predicate of the summons.

14. Physicians in partnership are liable for the acts of one another within the scope of the partnership.

15. One partner is not liable for the criminal acts of the other, unless on proof he be shown accessory, either before or after the crime.

16. If a physician testify as an expert on behalf of the prosecution, he can only collect the fees of an ordinary witness unless he makes an agreement prior to his attendance.

17. Inability of the father to pay does not render a child's estate liable for a physician's attendance on the child.

18. A father is liable for a child's necessities and is indictable for manslaughter in neglecting to provide a suitable physician to attend on his sick child should that child die.

Pleurisy.*

By Benson W. Booth, M. D.,
Shorter, Ala.

After familiarizing one's self with the anatomical relations of the chest wall, its contents and diseases thereof, we will then not be able to say anything positively in regard to pleurisy.

While pleurisy is an inflammation of the pleura, doubtless for the most part it is the symptom of a condition rather than a disease itself. Yet, caused by the many diseases of the chest wall proper, it is aggravated and made to reappear by micro-organisms, their products, and occasionally by an intoxication such as gout, cold, exposure, etc.

In summing up the various forms of pleurisy, it reminds you a great deal of the young boy's composition, as he always begins, "there are a great many kinds," and I do not think that I would encroach upon the rights of my little school friend if I should say there are a great many kinds of pleurisy, and the same may be said of the treatment.

Arranged according to their pathological condition with which forms you are thoroughly familiar, viz: fibrinous, sero-fibrinous and purulent. The latter being also known as the hemorrhagic form, which afterwards becomes purulent. One of these forms may change from one to the other, but when the change is made we usually have a chronic form developing, as sero-fibrinous pleurisy remaining sero-fibrinous, but

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*Read before the Macon County Medical Society.

in the chronic form. However the classification to the untrained practitioner is simply the acute and chronic forms.

While we have many and various micro-organisms causing pleurisy from a bacteriological standpoint the three principal forms of pleurisy are tuberculous, pneumococcic and streptococcic. In the acute forms, we are always able to find various form of microbes. For a person to become familiar with all forms of pleurisy, it is essential that they first learn the various forms of the diseases of the chest wall, as pneumonia, tuberculosis, etc.

In taking up the various forms of pleurisy for consideration, we invariably meet with the fibrinous or plastic form, and chiefly in the acute stage. Other names have been given to this affection, such as dry and adhesive pleurisy. Going into the etiology of this form of pleurisy, is but to re-enumerate those of the other forms. Such as the etiology of one form of pleurisy, in a given case, is or will be the predisposing factor in another form.

The etiological factor of fibrinous, must be either primary or secondary, of which we find the primary cause to be mainly bacterial, while the secondary are the sequellae of gout, rheumatism, chronic nephritis, pneumonia, tuberculosis, abscess, tumors, etc.

In the morbid anatomy of this condition we find the pleura congested and dry, the congestion usually resulting in the formation of fibrine and serum. This fibrine will either result in absorption or will remain a permanent organization of connective tissue, causing in some a life time trouble. The symptoms of this condition or trouble are similar to other acute forms of pleurisy, varying only as to the points gained by a trained ear with the stethoscope. Such symptoms which you find to be characteristic are to a great extent dependent upon the character of the onset. That is, if you have an acute onset, following cold, you will have a chill with malaise and slight elevation of temperature (101 to 103 degrees), severe stabbing pains located over the inflamed portion of the pleura, this being increased by any unusual motion, such as coughing and deep breathing, etc., causing the hurried breathing that is so marked in this form of pleurisy, together with a hacking cough. With these marked symptoms, you have not yet enough foundation for a positive diagnosis. And now comes the par-

amount issue of the little instrument, the stethoscope. In my judgment it is invaluable and should be the first instrument to be added to the paraphernalia of the physician's cabinet. With this instrument you find your diagnostic sign, the dry pleuritic friction rub, heard close under the stethoscope, or the ear if it be used instead.

The rales may be of different sounds and character: namely, fine, dry, crackling and at the end of inspiration, subcrepitant. The sounds depend upon the amount of congestion and moisture; the greater the moisture, the greater the variations in the sounds. Here you will have to differentiate from bronchial rales, which is easily done by the marked localization of the disease, no change when coughing, as you will always have with bronchial rales, and bronchial rales never being crepitant.

For me to even enter into the various forms of pleurisy as it should be, would utilize all of the time of this society.

In speaking of the sero-fibrinous form, you will have a disease in itself that will compose a book, and while yet similar to other forms it varies according to the amount of fluid present, together with its character, although usually covering more space does not cause the severe pain of the dry pleurisy. This fluid may be increased until you have great oppression and severe dyspnoea with a displacement of the heart. The last case to come under my observation caused a great displacement of the heart, with above symptoms in their most rigid form. Examination revealed the sero-fibrinous form, which was readily relieved by aspiration, letting out forty-two ounces of fluid.

It is very easy to diagnose a marked case of pleurisy with an effusion, but it is essential that this affection be diagnosed soon, so as to prevent further accumulation of fluid if possible. This examination is best made with patient in the erect position, and an examination reveals the increase in size of the affected side. Flatness over the fluid, together with the absence of vocal functions, are two of the most valuable diagnostic signs. Yet in some cases, to reach a positive diagnosis, the hypodermatic needle may be necessary. This is a harmless operation and easily performed, and should always be resorted to when other diagnostic signs have failed you in reaching a conclusion. This form of pleurisy stands the test of the differential diagnosis of almost all of the diseases of the chest wall; such as tumors of the base of the lung, pericarditis, unilateral hydrothorax, hydatid cysts, pneu-

monia, empyema, etc. Of these I will not contemplate going into, because I am dealing only with the two main forms of pleurisy—dry and pleurisy with an effusion. And while we may spea kof the diaphragmatic, encapsulated and hemorrhagic forms, we only have the duplication of the dry pleurisy and the effusional variety, but named only as to the locality of the disease, as the diaphragmatic form of pleurisy comes from the effusion of an inflammation of the diaphragm.

Pleurisy, with an effusion, is an essential disease, because it is one of the many diseases of the chest wall, found in children, and in many cases erroneously diagnosed.

It would be well to enter into the discussion of purulent pleurisy, but as it involves empyema, it would be best left to another topic. Pleurisy as a whole would not permit of a proper prognosis because of its varied etiological factors. The greater the etiology of any disease, the greater the variations you will find in the prognosis of such disease, as any layman would well now that pleurisy caused by cold would in no manner give the same results as a like case originating from tuberculosis.

The treatment of pleurisy involves an encyclopedia in itself, because it deals with every known disease of the chest wall. It is useless for me to repeat the treatment of dry pleurisy, per the author, as immobilization during forced expiration, anodynes to lesson pain, and codeine, etc., for the cough; all of these together with counter irritation are good. But the time has come when prophylaxis is more to be thought of than the treatment of diseases. You well know that in pleurisy with an effusion you want an evacuation. Whether this be by medicinal or surgical means, you care not, you are only after results. Then why not begin sooner, though in some this is impossible; but in all of the diseases of the chest wall we can guard against a future pleurisy, as when we are treating a case of pneumonia, use all means possible to prevent an after pleurisy as I stated above. This is impossible in some, but the majority of pleural cases are brought on by the wrong routine of treatment.

It is my opinion that prophylaxis is the route to future medical science. Therefore it is essential that the physician thoroughly familiarize himself with all of the diseases of the chest wall, for not until then will he have mastered this disease, or as I stated in the beginning, the symptoms of a condition known as pleurisy.

Editorial.

W. H. BELL, M. D., Editor.

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Dr. Brown's Communication.

In compliance with a promise made in the last issue of the journal, Dr. Brown's communication, which appeared in that issue, will now receive some further attention. But for the promise, further reply might well be omitted, for, judging by comments said to have been made by members of the Association, some of whom avowed themselves as warm personal friends of the Doctor, the communication may be set down as a classic example of the ridiculous little animal said to have been brought forth by the travail of a mountain.

In making reply considerable piscatorial skill will be required in order to fish out of a great sea of verbiage such propositions as seem worthy of attention.

The first position advanced is that the abolishment of county boards of examiners will not do much in elevating the standard of medicine in this State unless the work of the State Board is so conducted as to be acceptable to the boards of other states and to the American Medical Association. As a piece of fallacious reasoning this is certainly a fine example. The standard of medicine in the State will depend absolutely upon the scope, the scientific character, and the rigidity of the examinations instituted, and not at all upon whether they are acceptable or not to the boards of other states and to the American Medical Association. It goes without saying that the Board of Examiners of Alabama would like to have the good opinion of the boards of other states and of the American Medical Association; but the difference between character and reputation applies to boards of examiners, as well as to individuals; the former may be pure and good and the latter bad, and vice versa. The object therefore should be to do the work of examining applicants faithfully and well, and trust for the reputation we may make with the boards of other states and with the American Medical Association; that is, first win the approval of our own conscience, and then await the approval of others.

The next propositions our correspondent lays down are that the State Board "must refuse to grant an examination to any one unless he is a graduate of an accredited medical school, and no member of such a state board should be in any way connected with a medical school, as trustee, teacher, or otherwise." The term "accredited" as applied to medical and other schools has grown to be a very favorite one in recent years. It is one of those terms that sound well, but when analyzed is very indefinite. Who is to do the accrediting, and what is the standard? One board, or one set of boards, has as much right to do the former, or to fix the latter, as any other board, or any other set of boards. Inasmuch as there is so much room for flexibility in both, why not depend on the State Board of Examiners finding out by examination whether or not an applicant is qualified to engage in the practice of medicine, regardless of where he comes from? The other proposition, namely, that a teacher or trustee of a medical school should not be a member of a state examining board loses all of its force when applied to the board of this State by reason of the fact that the examinations are so conducted as that the members of the board, when

valuing papers, are entirely ignorant as to the authors, whether graduates or undergraduates, whether regulars or irregulars, white or black, male or female, except in so far as the handwriting may reveal the latter; and in the event of any member of the board being connected with a college, such member would be ignorant as to whether any given paper had been written by a graduate of his college or not. Favoritism is therefore impossible.

Our correspondent next assumes that the abolition of county boards of examiners "is the only innovation your administration has admitted to be necessary in the last twenty years," and in so doing betrays a lamentable ignorance of history. Had he read the annual reports of the Boards of Censors for that period, or the new Constitution, recently adopted, he would have become long ago so accustomed to "cold showers" as to escape any "gasp" whatever when these "showers" come. While the fundamental principles upon which the organization was built remain unchanged, the Association has never hesitated to modify or to radically subvert such principles or methods as time and experience justified, which policy will no doubt be continued in the future.

The expression, "your administration," is gratuitous and illogical, as the editor of this Journal has never had an "administration," neither has any other member of the Association, the action and policy of the Association having always been controled by the Assoiation itself. The Association has always done this coolly, calmly, and constitutionally, for the reason that it has always had the open and royal support of the great body of its members, consequently has had no occasion to "put its ear to the ground" to "be sure of the drift" of opinion among its members. True, a few of our members, of whom our correspondent is a conspicuous example, have from time to time been "whooping through a megaphone," but the disturbance they have created has been about equal to that of the fly on the bull's horn.

Our correspondent next involves himself in a confusion of errors for which defense would be impossible. The first of these is the reckless assertion that members have been "unjustly treated in not being allowed representation in a society of their brother physicians of which they are said to be members," followed by a futile attempt to be facetious in alluding to "buttons" and "letters" on them. The assertion is in such violent antagonism to a provision of the Constitution, which

prescribes that each county society shall be represented by two delegates, that it is unworthy of attention. So far as wearing buttons with letters on them is concerned, if any member of the Association ever wore a button inscribed with the letter "V," it was done by mistake, either on the part of himself, or of some one who was assisting the secretary in registering the members and visitors and handing them buttons. The ordinance providing for the buttons distinctly states that members shall wear buttons with the letter "M" on them, and visitors with the letter "V" on them. Cheap facetiousness never wins laurels for its author.

The next proposition in the jumble of errors mentioned is in these words: "It really matters very little how many counsellors do the voting for us, the wide open wrong is, that we do not have the right to elect these men who are to represent us." It would require a great genius to compress more of error into the same number of words than is contained in the above quotation. Assuming that the pronouns "us" and "we" stand for members, it may be said that counsellors do not do the voting for members at all, but the delegates do. Just as representatives to our legislatures and to congress do the voting for their constituents, so the delegates to the State Medical Association do the voting for the members of their respective county societies. Not only so, one of the fundamental ideas underlying the system is that the delegates shall hold the balance of power. This being so, our correspondent does violence to both logic and fairness of argument when he alleges that counsellors are "self-elected." Without the vote of the delegates no member can be elected a counsellor, that is, were the delegates to combine together they could defeat any member for the position of counsellor.

Each counsellor in voting represents himself only, each delegate represents his county society. The position of delegate carries with it therefore very great responsibility. Our correspondent then refers to a time when he served as delegate, and reveals with astounding candor his utter failure to appreciate the responsibility of his position. He even admits that he gave away his "votes" for the asking, forgetful that his duty to his constiuents, no less than to himself, demanded that his "votes" should have been the honest expression of his best judgment upon men and measures.

Our corespondent—much to our relief—next announces a proposition to which we most heartily subscribe. The proposition is in these words: "The majority of this Association are intelligent, fair-minded men who want only fair play and will listen to common sense and cannot be swayed altogether by demagogic appeals to states rights, white supremacy and hero-worship."

It is because the Association is composed of men of the kind described that it has remained true to its principles and has refused to be led into error and chaos by self-appointed reformers—zealous men often, but sublimely incapable of seeing themselves as others see them.

Our correspondent then indulges in a piece of transparent sophistry to show that if county societies were given representation in proportion to membership it would practically be impossible for the members of the Association residing in a few of the larger counties to acquire control of the Association for the reason that the doctors living in such counties could not get together and agree upon policies. It is amazing how far a man will go sometimes in search of an argument he thinks will support his cause, and how easily he will overlook a much better argument on the other side, lying close by.

It would not be the scattered doctors that would get together, but the delegates representing them, which latter would be very easy. Any candid member of the Association who was present on the last day of the recent meeting saw a crucial demonstration of the justice of our present plan of regulating representation of the county societies, and will hereafter turn a deaf ear to all arguments in behalf of any other basis, which, although plausible, are specious and misleading. Our correspondent writes about the "restless democracy of the Association," and evidently imagines that he has many sympathizers who think as he does. What a master a delusion may be! He has been proclaiming his ideas for ten years, and yet he seems to have made no headway whatever. Tenacity of purpose is a valuable trait, but when directed to a bad cause it sometimes avails nothing.

Our correspondent reaches the climax of his diatribe when he takes up his personal grievance and parades it with the air of injured innocence. Without undertaking to follow the details of his complaint the facts may be stated as follows: He introduced two resolutions in-

tended to make radical changes in the organic law of the Association. He admits that he had no definite plan matured for readjusting what he proposed to tear down, but expresses the hope that had the tearing down been permitted somebody would have proposed a plan for rebuilding. Think of it! Willing to upset a superstructure which cost years of thought and work on the part of devoted and able men to erect, without any definite ideas as to reconstruction, but trusting that somebody would propose something! The only parallel instance of such a reckless spirit was when Thad Stevens proposed to override our Federal Constitution, and denounced it "a league with the devil and a covenant with hell." The resolutions were radically out of order for two reasons; one, because they were in violation of the charter of the Association; the other, because from a parliamentary point of view they were indefinite and did not specifically set out how the changes proposed in the constitution were to be made. The former reason was sufficient, hence the Association refused to entertain the resolutions, as was its duty to do, and refused to permit them to be discussed.

With this brief statement of facts how absurd the complaint made by our correspondent that his unsaid remarks were declared out of order! If the resolutions themselves were out of order any remarks in favor of or opposed to them would necessarily be out of order. If our correspondent is willing to put himself in the attitude of knowing so little of parliamentary law and of logic as to complain of injustice and wrong under the circumstances stated as he seems to be, then the choice is his.

But, with a singular lapse of memory, our correspondent fails to tell us that at the next meeting of the Association following the one at which the proceedings above related were had, the President of the Association determining to silence all complaints on the part of Dr. Brown or of any of his sympathizers that a hearing could not be had, generously offered the floor to any one who wished to discuss any subject, he having given Dr. Brown notice the night before that he would do this. After waiting until the silence grew irksome, the President called on Dr. Brown by name, whereupon he arose and made some remarks on his resolutions of the year before. Dr. B. himself would scarcely claim, we think, that he convinced anybody that his resolutions should have been or should be adopted, and having made very brief use of his opportunity, resumed his seat, certainly without having

stirred up any enthusiasm. All who were present will remember with what an anxious look he awaited support from others, but, so far as the writer remembers, not a sympathizing voice was heard, and thus the incident was closed. From a double point of view, therefore, is it fair or consistent for Dr. B to complain that he could not get a hearing?

At a number of places in the communication our correspondent endeavors to support his cause by throwing sarcasm at the Board of Censors and the "Senior Censor," as he terms him, having failed to find out by reading the new constitution that such title no longer exists. The sarcasm will do those against whom it is aimed no harm whatever, but the same cannot be said, we fear, of the retro-active effect of the conceit exhibited by our correspondent. So colossal does this become at one point that in commenting on the action of the Association in sustaining the appeal of the "Senior Censor" from a decision of the President, he compares the "denseness" of the members of the Assocation to that of "two prominent bankers" of this city "who invested a large sum of money in an educational institution for monkeys at Jasper." Inasmuch as the vote by which the appeal was sustained stood 90 to 14, it is evident that Dr. Brown rates his opinion very high and that of the Association on a par with that of bankers who invest money in the education of monkeys.

But we cannot pursue this subject further, and will close by expressing the hope that Dr. Brown will concede to the great body of the profession in the State some capacity to judge of what is right and best and not assume that such capacity belongs wholly to himself.

The Threatened Epidemic of Typhoid Fever in Birmingham.

Typhoid fever is a filth disease and it is a reflection on any community for it to become epidemic in that community. When one or more cases develop in a community prompt measures should be taken to prevent its spread. We called attention in our last issue to the importance of the physician trying to make the people feel their duty in regard to its prevention, especially in regard to the part the flies play in spreading the disease.

An epidemic is threatened in Birmingham. In one locality in this city, composing a few blocks, at least thirty cases have been reported.

It behooves the health department, the profession and all the people to take active, prompt and vigorous measures to prevent its further spread.

The Health Officer is endeavorng to find the source of infection. The doctors should aid him in this by reporting promptly every suspected case, the milk and water supply, and should give all information obtainable as to the source of infection in each case. Great care should be taken by the doctor to see that the nurse disinfect the urine and faeces of all patients, even of the convalescents and of those cases just beginning that are suspected. The urinals, bed-pans and every thing in the sick room should be protected from flies. All the householders in the infected district should be urged to screen their houses against flies.

The Health Officer cannot, perhaps, personally inspect every residence. He should, however, have the honest support of every one. The sanitary inspectors should not be content to call at the front doors of houses and merely ask a few questions concerning the sanitary condition of the premises, but should personally inspect the entire premises, and force them to be cleaned up. The stables should be cleaned up at least twice a week. There have been stables in the infected district, we have been informed, that have not been cleaned up oftener than once a month, and as a consequence there are flies in abundance in that locality. While the original source of infection may have been the milk supply, the unscreened houses and the large quantities of flies afford ample opportunity for its spread. The city authorities, the doctors and every person in the city should back up and aid the health department in cutting short the epidemic.

A dairy depot has been closed up by order of the mayor. The Health Officer reports that twenty-four of the thirty cases have used milk from this dairy. This is ground for strong suspicion, but if typhoid fever germs have not been found in the milk, it is questionable whether the evidence is conclusive that the fault lies with the milk, and the authorities should relax no efforts in other directions searching for the source and cause of spread of the infection. All dry closets should absolutely be abolished.

Whatever may have been the source of the infection, the successful control and prevention of its further spread lies in destroying the infection as it leaves the body of the patient, and every effort being made

to prevent the infection of the food and drink and the environment of all who are not already infected.

The Bryce-Insane Hospital.

Charges of cruel and harsh treatment of patients have been brought against the management of the Bryce-Insane Hospital at Tuscaloosa, and a committee of investigation has been appointed by the legislature to look into the conditions and make report. Dr. J. T. Searcy, the superintendent, awaits and desires the investigation. We believe the reports of cruelty are greatly overdrawn and that upon investigation it will be shown that the cruelty that may have been used was from the nurses that were promptly discharged when their cruelty was discovered by the management.

Those who know Dr. Searcy and the great and unselfish work that he has done in this great institution, will not for a moment allow their faith and confidence in him and the hospital to be shaken by the sensational reports of nurses, who have been discharged on account of their cruelty, and of unfortunate and irresponsible patients who have escaped, whether by running away or by means of the writ of habeas corpus. They believe that a full and fair investigation will exhonorate Dr. Searcy and show the excellent management of that institution.

Dr. J. H. Gunn.

On Saturday, June the 29th, Dr. J. H. Gunn of Calera, Ala., was mercilessly and without cause shot down by William Pilgreen, a policeman, at that place. The policeman, while arresting a drunken man, was beating him over the head, and Dr. Gunn seeing it, remonstrated with the policeman, and said, "Pilgreen, don't handle him so roughly." The officer turned, drew his pistol and fired twice, inflicting wounds from which death resulted on July the 3rd.

Dr. Gunn was a physician of fine character and ability. He had practiced medicine in Calera for the past thirty years. He was secretary of the Shelby County Medical Society, and was one of the most efficient the writer has ever known.

His death is a very great loss, not only to his family and community, but to the medical profession, and especially to his county society. He is survived by a wife, two sons and a daughter, to whom we extend our sympathy.

The Interstate Medical Journal (St. Louis) announces the purchase of the St. Louis Courier of Medicine, one of the oldest medical journals in the West, and its consolidation with the Interstate on July 1st.

The St. Louis Courier of Medicine was established in 1879 by an association of prominent St. Louis physicians. It has always commanded a large following throughout the West and South, and held the respect and esteem of the entire profession of this country.

This merger removes from the field an old and highly esteemed contemporary, and its consolidation with the Interstate adds strength and prestige to that periodical. This is the fourth medical journal that has been purchased and absorbed by the Interstate during the past few years.

At the last meeting of the American Protologic Society held at Atlantic City June 3rd and 4th the following officers were elected for the ensuing year: President, Dr. A. Bennett Cooke, Nashville, Tenn.; Vice-President, Dr. Louis J. Krouse, Cincinnati, O.; Secretary and Treasurer, Dr. Lewis H. Adler, Jr., Philadelphia, Pa. Executive Council, Dr. J. R. Pennington, Chicago, Chairman; Dr. S. G. Gant, New York; Dr. A. B. Cooke, Nashville; Dr. L. H. Adler, Jr. Philadelphia.

Personal Notes.

Dr. R. C. Curtis, of Garnsey, spent a day in the city last week.

Dr. J. S. Bealle, of Buhl, Ala., was a visitor to Birmingham last week.

Dr. W. H. Blake, of Sheffield, was in Birmingham a short time one day recently.

Dr. J. E. Pearson, of Syllacauga, has recovered from an operation which was recently performed at an infirmary in this city.

Dr. W. D. Sellers, of Anniston, was a caller a few days ago. He and his brother are building a private hospital and will soon be ready to receive patients.

Abstracts.

INACCURACY OF DARE'S HEMOALKALINOMETER.

Frank P. Yale finds that practically there is a sufficient number of inaccuracies in Dare's method of ascertaining the alkalinity of the blood to render the method entirely useless. He made tests of alkalinity in forty patients who might naturally be supposed to show increased alkalinity and found the results obtained entirely inaccurate. —Medical Record.

THE USE OF PILOCARPINE FOR THE RELIEF OF PRURITUS, ESPECIALLY IN REGARD TO PRURITUS VULVAE.

John J. Reid says that the value of pilocarpine in the treatment of pruritus vulvae and other forms of this affection has not received the recognition it deserves. The pilocarpine is to be used for this purpose in doses of from one-eighth to one-quarter grain.—Medical Record, May 25, 1907.

THE PROBLEM OF INFANT FEEDING.

O. Heubner of Berlin considers the nursing of the child by the mother of prime importance, rendering it the duty of every physician to insist on lactation except in tuberculosis. Lactation is especially necessary during the first month of life. Even if the breasts do not yield enough milk at first the supply may be increased by suckling and by improved nutrition for the mother. Fissures should be painted with weak solution of silver nitrate and nursing continued. Additional food may be given the child once a day In premature births hire a wet nurse and let her strong child nurse the other mother, while her milk is drawn for the premature child. Or draw the milk with a breast pump and feed the child with it.—Medical Record.

A NEW BLOOD TEST.

Max Einhorn describes a new test for blood in the stomach contents, feces, and urine. It consists of testing with paper sensitized by the use

of benzidin. The paper is immersed in the solution to be examined, and a few drops of peroxide of hydrogen are added, when a blue color is formed if blood is present. The blue or green color appears in a few seconds, and we should not wait more than a minute for the reaction to appear, as after that the color may appear from the presence of other substances than blood. HCl may cause the reaction after two or three minutes. The benzidin test can be recommended as a preliminary test: a strong reaction or no reaction at all gives a reliable test. Medical Record.

A CLINICAL VIEW OF ULCER OF THE STOMACH.

Fenton B. Turck records a series of experiments on animals by which he determined that gastric ulcer is not a local but a general condition, and is inducted by alterations in the pabulum of the intestinal flora, which lower the resistance of the gastric or intestinal mucous membrane, rendered peculiarly vulnerable by malnutrition, defective metabolism, and other elements. Diagnosis is never easy. Prognosis is better than formerly, provided diagnosis is early enough to hope for correction of the bad general condition. Treatment demands rest, sometimes in bed until the pressing symptoms of pain, anorexia, and flatulence are removed. First rest the stomach by abstinence from food for twenty-four hours, and then feed with food that will be most easily digested and will furnish as little as possible of material for bacterial action. Milk must be coagulated with rennet. Peristalsis may be excited by mineral waters containing carbonic acid, or injections into the rectum of alternate hot and cold water.—Medical Record.

TRANSMISSIBILITY AND CURABILITY OF CANCER.

Dr. William Seaman Bainbridge, of New York City, calls attention to the growing fear of cancer on the part of people of all classes. He attributes this to the theories of heredity, congenital transmission, and infectiousness or contagiousness as causal factors in the production of the disease. The belief in the contagiousness of cancer, and the increasing dread of the disease incident thereto, has been aroused largely by the exploitation of the subject in the public press. After reviewing the evidence pro and con of those theories he concludes: (1) That the hereditary and congenital acquirement of cancer are subjects which

require much more study before any definite conclusions can be formulated concerning them; (2) that in the light of our present knowledge they hold no special element of alarm; (3) that the contagiousness or infectiousness of cancer is far from proved; (4) that evidence to support the theory of contagion or infection is so incomplete and inconclusive that the public need not concern itself with it; (5) that the public need merely be instructed to apply the same precautionary measures as should be brought to bear in the care of any ulcer or open wound; (6) that danger of the accidental acquirement of cancer is far less than from typhoid fever, syphilis or tuberculosis; (7) that in the case of cancer there is a much more danger to the attendant of septic infection, of blood poisoning from pus organism, than from any possible acquirement of cancer; (8) that the communication of cancer from man to man is so rare, if it really occurs at all, that it can practically be disregarded; (9) that in cancer, as in all other disease, attention to diet, exercise, and proper hygienic surroundings, is of the utmost importance; (10) that cancer is local in its beginning; (11) that, when accessible, it may, in its incipiency, be removed by radical operation so perfectly that the chances are overwhelmingly in favor of its nonrecurrense; (12) that once it has advanced beyond the stage of cure, in many cases suffering may be palliated and life prolonged by surgical means; (15) that while other methods of treatment may, in some cases, offer hope for the cancer victim, the evidence is conclusive that surgery, for operable cases, affords the surest means of cure.—Boston Medical and Surgical Journal.

VASCULODEPRESSER DRUGS.

Saundby (Brit. Med. Jour.) notes the general employment of heart tonics; there is not, however, sufficient use made of the vascular depressants, which are of great utility in such advanced cases of heart disease as are "no longer able to answer to the whip." These depressants act by relaxing the peripheral arterioles; and by lowering the blood-pressure they lighten the burden the heart has to bear. Among them is ethyl nitrite, but it is unstable and unsatisfactory. Amyl nitrate

is useful, but has obvious disadvantages in some cases; glonoin, the one per cent. solution of nitroglycerin, is active, safe, easy to administer and can be dosed to the requirements of each patient; sodium nitrite has not given good results. All these drugs are transient in their effects; they are really more valuable for removing pain than for giving permanent relief. Nitroglycerin is valuable in advanced cases accompanied by oppression or pain suggestive of angina pectoris. The patient should carry about with him a small bottle containing one or two minims to the teaspoonful, to be taken when the distress comes on. This solution is preferable to tablets. Saundby now employs erythrol tetranitrite to produce a permanent unloading of the weight on the heart; a single dose will for four hours lower the pulse tension—an observation of Bradbury which can be demonstrated by sphygmographic tracings made before and after administering the drug. One-half grain in a tablet is administered every four hours while the patient is wake; it may occasionally cause headache, but very rarely so severe that the drug need be discontinued. It may be alternated with Nativelle's digitaline, giving the drugs with four hours interval between the doses of each. The value of mercury seems to be limited to its power to get rid of those alimentary poisons which set up vasomotor spasm. Dieulafoy treats chronic disease of the heart and great arteries by hypodermics of a solution of mercury biniodide; Saundby has seen no good results from this method, while the injections occasion much local pain and frequently suppuration. Baillie's pill (digitalis, squill and blue mass) possesses a deservedly well-founded reputation in dropsy; but its effects are probably not attributable to the action of the mercury it contains on the vascular system Iodide of potash is frequently combined with other cardiac remedies, less often by itself; its utility is certainly not limited to cases of supposed syphilitic aortitis, but depends on its action as a vascular depressant. He has not found belladonna very effective in heart disease; plasters containing this medicament apparently relieve some kinds of heart pain, "but they are dirty, unpleasant things, which interfere with auscultation and are only fit for out patients." Bleeding from the arm and leeching the precordia are means indicated in marked right heart engorgement; this procedure will most speedily relieve the heart, but it cannot be

repeated except at comparatively long intervals. The results are striking and death has often been postponed by timely bloodletting; under such circumstances, however, the conditions are generally unfavorable to complete recovery.

FOOD FOR INFANTS.

Dr. Paul Londe (La Presse Medicale, Feb. 20, 1907), in a study of the quality and quantity of food needed by an infant, affirms that cows' milk is the only practical substitute for mother's milk, that it should be suitably diluted with water and the proper amount of sugar added. He places the following limits: Before two months not over one-half pint of milk, before six months not over one pint, before a year old, not over a pint and a half. The amount of a quart will never be exceeded during the first year. The amount of dilution will be gradually decreased during the first year. This permits the supply of the needed amount of fluid without overfeeding. The dilut on will be almost two-thirds water during the first two months, half and half at six months, one-third at the eighth or ninth month, one-quarter at a year, etc. After a year one need not fear to increase the dilution at the least sign of danger. The quantity of sugar, varying according to the quantity of food, will be increased little by little up to the seventh month. After this it will remain about stationary, the food being more concentrated in the same volume. This quantity of fluid will therefore never be abruptly diminished except in case of sickness. The amount of each feeding, at least before a year, will not be more than 160 c.c. (Five to 6 ounces.) The number of calories in the daily ration will increase as the child grows older. We may count 75 calories for every 100 c.c. of cows' milk, to which 4 grains of sugar has been added.

ATYPICAL BASEDOW'S DISEASE.

Three unusual cases of Basedow's disease containing much of interest are reported from Senator's clinic in Berlin by Mosse. The first was a patient with a morbus Basedowii, formerly quite severe but

improved, in whom Graefe's symptom was present on the right side and ptosis on the left. The ptosis was a paralysis of the levator palpebræ. Several explanations of the Grafe symptom bring the two soymptoms present in this case into harmony. Lang and Pringle assert that a contraction of the levator palpebra is the direct cause of Graefe's symptom; hence in this case there was on the right side an irrtable and on the left a relaxed condition of the muscle. Ferri explains the symptom as caused by an increase of the orbital contents, whereby a relative shortening of the muscle results. As exophthalmos was in this case more pronounced on the right side, this theory could be made to harmonize both conditions. In a similar case reported by Wilbrand and Saenger, however, these authors conclude that there is a central nerve origin causing the irritable muscular condition on one side and the relaxed condition on the other. In proof of this conclusion they report an autopsy of a case of congenital double-sided ptosis where aplasia was found in special tracts of the oculomotor nucleus. Such a case as this is at least a reminder of the occasional occurrence which Uhthoff mentions, of nuclear oculomotor paralyses in exophthalmic goitre, as the result perhaps of primary pathologic changes in the medulla, or because this locality may be a place of least resistance against the toxic effects of the products of the thyroid.

In the second case reported by Mosse the thyroid was not at all enlarged, but the exophthalmos, tremor and heart symptoms were all strongly marked. This is quoted as an example of the fact recently noted by Senator that the goitre and the severity of the other symptoms stand in no exact relationship to each other. No goitre need exist for a well marked morbus Basedowii to be present.

Naunyn writes that spontaneous glycosuria accompanying exophthalmicgoitre has been described by several authors as of occasional occurrence, but that he has never observed such a case in the Strassburg clinic. Mosse reports the third case of this kind which he has observed. —Berliner Klinische Wochenschrift, 1907, No. 1.

PLACENTA PRAEVIA.

Buerger and Graf, (Monatschr. f. Gyn. u. Geb.) review the resu'ts of 342 cases of placenta praevia. These cases occurred in the past fourteen

years during which time 44,676 women were delivered. This would make the frequency of its occurrence once in 77 labors. Only 107 out of the 342 cases were carried to full-term (31.3 per cent.) The remaining 235 were for the most part confined between the seventh and ninth months of gestation.

As for the usual plan of treatment, version according to Braxton-Hicks was done in the great majority of the cases (83.8 per cent.) To the foot that was thus brought down was hung a small weight, in order that the breech might more effectually act as a tampon to check the bleeding. Occasionally, if the dilatation was insufficient, a metreurynter (Champetier de Ribes bag) was employed. In the majority of cases extraction did not at once follow upon version but was only resorted to after the breech appeared at the vulva. The duration of this period of dilatation varied from fifteen minutes to twelve hours. The average duration to the completion of the delivery in his cases was two hours and nineteen minutes Only in three instances did the haemorrage continue in spite of version, and in these three extraction had to be resorted to at once.

The results of this form of treatment were excellent as far as the mother was concerned. Out of 342 patients only 20 died (5.85 per cent.) In all these cases labor had to be furnished by instrumental means. Of those who survived 286 (88.8 per cent.) were free of any fever during the puerperium. The remaining ones showed some infection of the genital tract.

Of the children the majority died (54.9 per cent.) This percentage varied, however, greatly depending on whether the children were premature and the placenta praevia a central one. Of premature children with central placenta praevia only 2 out of 14 survived. In full-term cases with lateral placenta praevia the foetal mortality was only 22 out of 54.

They urge that such radical procedures as vaginal or abdominal Caesarean section are not justified, for while they might reduce the foetal mortality somewhat, they would be certain to increase the death-rate among the mothers to a far greater degree and of the two the maternal life is certainly the more valuable.

Book Notices.

The Treatment of Coryza. By E. S. McKee, M. D., Cincinnati, O.

Is Cancer Contagious? By A. Lapthom Smith, B. A., M. D., M. R. C. S., England.

The Borderland of Insanity in its Clinical Aspects. By John Punton, M. D., Kansas City, Mo.

The Cure of Consumption with Subcutaneous Injections of Oils. By Thomas Bassett Keyes, M. D. Chicago, Ill.

Abstracts of a Year's Contributions to Internal Medicine. By G. W. McCaskey, M. D., Fort Wayne, Ind.

(1) Fern and Henrotin, A Commenorative Address. (2) Tendon Tissue Versus Catgut. By Nicholas Senn, M. D., Ph. D., LL. D., C. M., Chicago, Ill.

(1) The Overtreatment of Syphilis. (2) Diet as a Therapeutic Measure in Diseases of the Skin. By George Henry Fox, A. M., M. D., New York.

A combination of the English and French Obstetric Locks, for the Prevention of Dangerous Compression of the Fetal Head by Forceps. By A. Ernest Gallant, M. D., New York.

The Abdominal and Pelvic Brain With Automatic Visceral Ganglia. By Byron Robinson, B. S., M. D., Chicago. Frank S. Betz, publisher, Hammond, Ind. Price $3.50.

The first glance into a new book are generally attended with a measure of pleasing anticipation, but there are few volumes prepared to furnish such refreshing surprises as this one. The style is thoroughly original, epigrammatic and forceful—characteristic of the man.

For twenty-five years the author has been a close student and doing an extensive gynecologic practice. He has ever sought to understand and explain the phenomena which most of us dismiss with the word "reflex." He spent many years working out the detailed anatomy of the sympathetic nerve, and this volume is an exposition of his findings together with rich clinical suggestions based on his accepted physiology of the sympathetic.

Because the abdominal and pelvic ganglia are richly supplied with all the anatomical elements of a real brain and because of their independent physiological activity he has appropriately named them respectively "The Abdominal and Pelvic Brains." Speaking of the latter, he says, "An accurate and comprehensive knowledge of the anatomy of the nerve supply of the Tractus Genitalis (especially of the "pelvic brain") will enable the Gynecologist to interpret symptoms of disease and to form a correct diagnosis which is the basis of rational treatment. It will aid so-called medical gynecology, which is constructive, and limit surgical gynecology "which is destructive" (page 144). When one follows the author's original work, reads his forceful arguments and grasps his clear theory he is constrained to endorse the claim. The author says "Every visceral organ has its own supply of sympathetic ganglia brought to it on the walls of the blood vessels." The independent action of these ganglia give to each organ a certain rythm of its own—just as the heart, uterus and intestines have a rythm so has the liver, stomach, kidneys, etc. This rythm is that organ's physiolog - cal activity and the author explains how irritation of the sympathetic in one organ—for example the walls of the uterus—passes up to the pelvic brain, where it is reorganized and sent out as irritants on other branches of the sympathetic; perchance to the spleen, resulting in a deposit of pigment in the skin; or perchance to the heart, producing palpitation; or to the stomach causing capricious appetite or nausea.

On almost every page one is made to stop and marvel at the rich and useful clinical suggestions of the writer. A few examples. On page 149, after explaining the rich sympathetic supply of the uterus and the paucity of these nerves in the cervix he says, "That the uterus is supplied by sympathetic nerves and cervix by spinal is significant in prac-

tice. The uterus (corpus and fundus) is always ready for an abortion because it is always in rythm. The cervix is never ready for an abortion because it is not in rythm being dominated by sacral spinal nerve." "The pelvic brain is the local central potentate of visceral rule in the lesser pelvis." And again, "The business part of the digestive tract is the enteron—the small intestines." "A fatty degenerated heart induces low blood pressure, which is the bottom factor in waste—laden blood and deficient elimination."

Referring to the systemic changes at puberty and menopause he explains both as a rythm due to sympathetic influence, and says, "Menstrual starting chafes the system profoundly, but its cessation irritates the system notably with its dying struggles (page 259).

We cannot too highly recommend this book to our practitioners. Aside from the abundance of real "meat" it is well written. Many expressions are unique. Speaking of the abdominal brain he says (page 206) "the solar plexus is composed of the 'aggregation of coalescence' of a large number of ganglia. So we would say the book contains the 'aggregation of coalescence" of a large number of rich suggestive ideas. On page 165 is a scientific explanation of the wonderfully salutary effects sometimes produced by a blister.

Would you learn the cause of operative shock in the upper abdomen, would you know the relationship between parotitis and orchitis, would you know why nipple irritation contracts the uterus? It is all here.

Would you understand the reflexes of a floating kidney and defective metabolism due to enteroptosia? It is all here. Indeed, the book is the offspring of thorough research, and a rich mine of valuable clinical suggestions. One could mention many typographical errors and it is unfortunate that the pages are so broad, though this seemed necessary to accommodate some of the elaborate illustrations. When one has read the work carefully he is prone to say we are but "beginning to recognize the wonderful sympathetic balance of all the viscera, for when one (organ) gets out of order it untunes the chorus of the whole."

PUBLICATIONS AND REPRINTS RECEIVED.

(1) The Effect of Diet on Endurance. (2) A Graphic Method in Practical Dietetics. By Irving Fisher, Ph. D., Prof. of Political Economy at Yale University. New Haven, Conn.

Miscellaneous Notes.

Aletris Cordial Rio is an efficient uterine tonic and restorative, and is a preparation for which nothing can be substituted.

Colchi-Sal has a very wide application in all conditions attended with or depending on the accumulation of waste or toxic material in the organism. This applies to gout, acute and chronic rheumatism, and to all affections partaking of their nature.—International Therapeutics, Oct., 1906.

A BLEND OF HARMONIZING DRUGS.

The above condition has been fulfilled in Sanmetto—its ingredients harmonize, forming a most perfect blend of the santal and saw palmetto with soothing demulcents and well chosen aromatics, resulting in a soothing, healing and restorative remedy for the diseased genito-urinary economy, at once efficient, and adapted alone or in combination with other drugs.

THE MEDICAL SPECIAL EDITIONS.

The Medical Era of St. Louis, Mo., will conform to its usual custom and issue its yearly series of special Gastro-Intestinal numbers embracing July and August. The August issue will be given over entirely to the consideration of every phase of typhoid fever. The series will contain about 35 or 40 practical papers and will contain a large amount of valuable information.

DIGESTIVE SECRETIONS.

The stimulation of the secretory glands produced by the action of Seng, is a most excellent method to restart the process of digestion.

In those run down and emaciated patients, and after lingering diseases, Seng will prove most serviceable in building up a normal diges-

tion. It can also be advantageously used as a vehicle in general treatment when a digestive secernent seems desirable and indicated. The good results following this form of treatment has been very favorably mentioned by many practitioners.

Sal Hepatica has been found specially serviceable as a safe laxative and eliminant of irritating toxins resulting from fermentation or decomposition of food, in inflammatory conditions of the bowels, affording prompt relief in stomachic and intestinal indigestion, colic, acute or summer diarrhea of either adults or children. It is remarkably free from any griping tendency, owing to its antacid and soothing properties.

Bristol-Myers Co., 277 Greene Ave., Brooklyn, N. Y., the manufacturers, offer to send liberal samples to physicians upon request.

THE MORAL.

On page 8 of the January, 1907, Critic and Guide, appears the following editorial with which, no doubt, Dr. X fully agrees:

"When a patient comes to consult me and pays me a fee, then my sole sacred duty is towards that patient and towards nobody else. And I am going to use on him and prescribe for him whatever I consider most useful for him, regardless of all other considerations. Whether the preparation is trade-marked or not, whether it has a fanciful name or not, whether it has a circular around the bottle or not, whether the druggist makes 50 or only 5 per cent profit on it—for all of these things the patient does not care a picayune; and neither do I."

Arthritis Deformans, or rheumatoid arthritis, is one of the affections which is most refractory to treatment. Most physicians, conscious of their weakness, make no attempt to arrest the progressive and invading march of these lesions which often constitute incurable infirmities and condemn the unfortunate patient to total impotence. Jaccoud in France and Wood in America, however, do not take such a pessimistic view of the situation. They both claim to have obtained good

results from the salicylates, and in such cases one of the best preparations of the salicylates is colchi-sal. It counts many successes where other drugs have absolutely failed. Of course, the deformities, once constituted, cannot be dissipated, but the progress of the disease may sometimes be arrested, and the pain often very rapidly relieved.—Edmond Gros, M. D., Paris.

SO CALLED RHEUMATIC GOUT.

Colchi-sal is prophylactic in gouty subjects who have a tendency to deposit sodium biurate, which causes inflammatory deposits around the joints and seems to be the most useful of any preparation of cochicum and salicylates, in assisting nature in the elimination of xanthine compounds due to the faulty metabolism of autointoxication. It is perfectly safe in osteo-arthritis, febrile conditions characterized by inflammation of the joints, muscles and tendons, and in cases of thickening of the synovial membranes, especially where this inflammation extends to the tendons, sheaths and skin.

The Glycerophosphates are indicated in all cases of nervous impairment due to overwork or excesses in asthenic conditions characterized by vertigo, occipital headache, unsteadiness of gait, or inability for physical or mental effort, great improvement attends their use. In the premature advance of age, and in senility attended by general debility, the benefits from their protracted use are striking. They greatly relieve hysteria, and are useful in chronic neuralgia, sciatica and convalescence from la grippe, and acute infectious diseases. The most stable and economical of the preparations of the glycerophosphates is the glycerole of so-called syrup of the *acid* glycerophosphates of lime, soda, potash, manganese and iron with strychnine (Huxley), which is very concentrated, since 1 drachm (a physiologic dose) contains 4 grains of the combined salts. They are beginning to be prescribed in conjunction with the formates of the same salts by some French physicians, since these are great muscle tonics, stimulating the voluntary and non-striated muscular system.—International Therapeutics, Oct., 1906.

WHAT IS THE MORAL OF THIS INCIDENT?

Dr. X enjoys the largest general practice uptown. His large automobile is always on the go. He paid me a visit this afternoon. He was in the neighborhood, he said, and he thought he would drop in and make the acquaintance of the editor of the "brightest and most interesting medical journal published." He evinced some interest in the environment of the C. & G. office. He noticed a large number—over two hundred—of different journals of the current year, neatly arranged in piles. "You read all of them?" "Yes." "Where do you get the time?" "You can get the time for anything, if you really want to." "Well, I can't. All I read is the J. A. M. A. and the Critic Guide. I think they are the best journals published. And you and Dr. Simmons deserve a great deal of credit for the work you are doing with reference to patent medicines and proprietary nostrums. Great work. Time the physician's eyes were opened." Here he coughed and continued: "Would you please let me have a swallow of water. I have a little cold." The office boy brought a glass of water. Dr. X. took out a tablet from a box in his vest-pocket and swallowed it, washing it down with the water. The tablet was an antikamnia and codeine tablet.

I said nothing.

A life subscription to the reader who will point out the best moral of this incident.—From the Critic and Guide, May, 1907.

THE PATHOLOGY AND TREATMENT OF HAY FEVER.

One of the most striking pathological features of this malady is a turgescence of the turbinal tissues due to extensive dilation of the capillaries. That this is the result of an angioneurosis, involving a more or less pronounced local vaso-motor paralysis, is pretty generally conceded.

In the treatment of hay fever with Adrenalin Chloride it has been suggested that weak solutions, frequently applied, are apt to yield better results than the occasional application of strong solutions. The application of the solution of Adrenal in Chloride stimulates the vaso-motor supply, resulting in a contraction of the capillaries. Overstimulation, by reaction, is very sure to result in a complete paralysis of the

vaso-motor supply in the region affected. On the other hand, gentle stimulation with weak solutions is not so likely to be followed by a reaction.

Solution Adrenalin Chloride (1:1000) may be diluted with normal salt solution and sprayed into the nares and pharynx.

Adrenalin Inhalant may be preferred to the aqueous solution for obvious reasons. This product contains one part of Adrenalin Chloride in one thousand parts of an aromatized neutral oil base, with 3 per cent Chlorotone. It is vaporized by means of a nebulizer.

Adrenalin Ointment may be applied to the turgescent nasal mucosa by means of a cotton applicator. Henry Guy Carleton (Therapeutic Gazette, June, 1907) says that "Relief can be accomplished more quickly by smearing one or two minims of ointment containing 1-1000 of Adrenalin between the brows and half-way down the side of the nose than by the inunction and spraying of the nasal mucosa." The modus operandi is explained as follows:

"The effect it to allay irritation of the supraorbital, supratrochlear, and infratrochlear and frontal nerves, and the superior and inferior nasal, the nasal rami of the superior maxillary, and the nasopalatine nerves, all of which are involved in a severe attack. Those rami in the posterior nares which may be affected will be relieved simultaneously, exactly as all branches of the supraorbital affected in a supraorbital neuralgia are relieved when an application of Adrenalin Ointment is applied only to the supraorbital foramen."

Messrs Parke, Davis & Co. issue a brochure on the treatment of hay fever, which will be sent gratis to any medical man upon request. We suggest to our readers that they send for the brochure, as hay fever is an exceedingly interesting and timely subject.

BROMIDE TREATMENT

No form of bromide treatment will prove successful unless the very purest salts are employed. The combination of five bromides in Peacock's Bromides will give the best possible bromide results, simply because the salts employed in its manufacture are extraordinarily pure. They are made especially for the product and salts of the high purity cannot be purchased in the open market. It is therefore no wonder why Peacock's Bromides has been so generally endorsed and particularly by neurologists—large users of bromides.

REAL MERIT ALWAYS WINS.

It is really interesting to watch the flock that follows in the wake of something that succeds. When Daniel's Conct. Tinct. Passiflora Incarnata was put on the market thirty years ago there were no similar preparations before the public. When its value was fully ascertained by the medical practitioners and they began to prescribe it generally, imitations began to appear. Some even assert that they are prepared from several things including Passiflora Incarnata. This is an amusing statement when it is known that Passiflora Incarnata or the May-Pop possess the highest sedative qualities and its combination with the tinctures of other plants only lessens its strength.

Daniel's Passiflora is the perfect type of the true soporific and anodyne. Under its administration the nervous system is restored to peace and tranquillity, the appetite improves, the body begins to gain in weight and the entire organism is brought back to its normal vigor.

For such diseases as insomnia, hysteria, convulsions, tetanus, neuralgia, and during the period of childbirth, Daniel's Passiflora is now employed by a majority of physicians—because they have learned by experience that it induces natural sleep without reaction and serves as both a food and tonic to the nervous system.

GASTRIC IMMOTILITY.

A large proportion of all cases of indigestion are the result of weakness of the muscular walls of the stomach. Insufficient motility is followed by dilatation and this by excessive fermentation of the ingested food.

To overcome the presenting condition it is urgently necessary to increase the muscular activity of the stomach walls, and it is well known that this is one of the most valuable properties of Gray's Glycerine Tonic Comp.

Increased activity of the muscles of the stomach means improved circulation, and this in turn exerts a beneficial influence on the secretory functions. Thus, excessive fermentation and other distressing symptoms are logically overcome with actual instead of temporary improvement in the whole physical condition.